

# ADAMS COUNTY

## PLAN TO IMPLEMENT A HEALTH & HUMAN SERVICES DEPARTMENT

Prepared for  
The Adams County Board of Supervisors

By

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# IMPLEMENTATION PLAN

Adams County Health & Human Services Department  
December 2004

## I. Background

For many years, a variety of individuals and groups within Adams County have considered the possibility of consolidating the Department of Aging, Health, and Social Services, and the Department of Community Programs. In October 2003, the County Board of Supervisors formally approved the appointment of a special committee to study the feasibility of such a consolidation. The Feasibility Study Committee was composed of four County Board Supervisors, two citizen members, and, as non-voting members the Adams County Corporation Counsel and the Directors of the two departments primarily affected by a consolidation recommendation. Technical assistance was obtained from a retired Human Services Director and from representatives of the Division of Public Health and Office Strategic Finance of the Southern Region of the State of Wisconsin Department of Health & Family Services and from the Northern Area Agency on Aging. In addition, numerous meetings were held to receive input from both members of the staff of the affected departments as well as local stakeholder and consumer advocacy groups.

In considering whether the task of consolidation was feasible, the Committee addressed the potential benefits, citing advantages in better and more seamless services to clients, in coordinated and collaborative use of available resources, better strategic positioning for state and federal funding and program initiatives, integration of access to services for consumers, flexibility in resource allocation and service continuity, and truly comprehensive planning efforts. The Committee also discussed obstacles to consolidation and recommended a process for addressing those issues that might arise.

The Committee considered which Departments or units might be included, ultimately excluding Child Support, but encompassing Social Services, Community Programs, Aging, and Health. It was also recommended that a Health & Human Services Board serve as the governing committee for Veterans' Services, because of its location in the same building. In reaching this conclusion, the Committee received consultation from staff and County Board Supervisors from Richland, Waushara, and Rusk Counties. The Committee observed that the existing organizational structure within the County was conducive to consolidation, specifically because the involved departments (with the exception of the Aging Unit) were already located in the same building, shared the County telephone and computer infrastructures, were governed by the County Personnel Policies and staff were represented by the same labor union, and the Health and Aging Units were already integrated within a county Department of Aging, Health, & Social Services. In addition, the October 2003 move of the Long Term Support unit from Social Services to Community Programs provided valuable experience in the integration of staff and functions, not only in the area of personnel issues but also in the merging of programs and clients within the state reporting systems and, to an extent, in the consolidation of community aids and local budgets.

A resolution recommending creation of a Health & Human Services Department was introduced by the Feasibility Study Committee at the July 2004 meeting of the County Board of Supervisors, at which time, after discussion, a decision was postponed. The resolution was reconsidered at the August 2004 meeting of the County Board, when it was approved. An Implementation Committee was appointed at the September 2004 meeting of the County Board.

## II. Implementation Steps

A. Resolution to establish a committee to oversee implementation of a Health & Human Services Department passed by County Board of Supervisors: 17 August 2004.

- B. Appointment of the Health & Human Services Implementation Committee ratified by the County Board of Supervisors: 21 September 2004.
- C. First meeting of Implementation Committee: 6 October 2004.
- D. First meeting of Implementation Team, consisting of leadership staff from affected units: 15 October 2004.
- E. Appointment of Implementation Director ratified by the County Board of Supervisors: 19 October 2004.
- F. Finance Committee review of separate department budgets for 2005: 13 October 2004.
- G. Completion of Implementation Plan: 10 December 2004.
- H. Publication of completed plan for public comment: 22 and 29 December 2004.
- I. Public Hearing on the Implementation Plan: 6 January 2005.
- J. Consideration by County Board of Supervisors of: Implementation Plan and resolution to create Health & Human Services Department: 18 January 2005.
- K. Forwarding of Implementation Plan and resolution to DHFS Office of Strategic Finance Southern Area Administrator: 19 January 2005.
- L. Consideration by County Board of Supervisors of resolutions to modify County Board Rules to dissolve separate committees, create Health & Human Services Board, and adopt associated By-Laws; request consolidation of aids from the State of Wisconsin; appointment of Health & Human Services Board, Interim Director, and transfer of powers under s. 46.23(3)(b), Wisconsin Statutes: 15 February 2005.
- M. Begin operations as a Health & Human Services Department: 1 March 2005.
- N. Complete Implementation Plan activities: 31 December 2005.

### III. Mission Statement

We are the Health & Human Services Department. The name itself defines its purpose. Our Department is here to assure and maintain the health and well being of both individual residents of Adams County and the population as a whole. We provide services that will enhance, protect, and preserve the way of life for anyone in need of assistance. We will do so with confidentiality, sincerity, and compassion. We will try our hardest, within our means, to serve, and we are always searching to improve our ways so we can provide the services needed.

### IV. Statement of Goals and Objectives

- A. Achieve a shared mission.
  - 1. Complete Health & Human Services Department mission statement. (completed 10/15/2004)
  - 2. Review mission statement with Implementation Committee. (approved 11/5/2004)
  - 3. Review mission statement with staff. (completed 12/1/2004)
- B. Complete recommendations regarding governance and advisory committee structure.
  - 1. Complete review of applicable statutes. (completed 10/22/2004)
  - 2. Make recommendations to Rules Committee regarding governing committee membership and method of composition. (completed 12/9/2004)
  - 3. Recommend subcommittee structure. (approved 11/5/2004)
  - 4. Identify and recommend membership of advisory committees. (approved 11/5/2004)
  - 5. Propose By-Laws, Ethics Statement, and Board Member Duties & Responsibilities for the Health & Human Services Board. (approved 11/5/2004)
- C. Develop administrative structure and table of organization for new Department.
  - 1. Identify functional units within department. (approved 10/29/2004)
  - 2. Define and draft job descriptions for management staff (approved 12/10/2004).

3. Allocate staff to operational units. (approved 11/5/2004)
4. Develop and implement a plan to group operational units together within the building (approved 11/29/2004).
5. Review, update, and revise, as necessary, job descriptions of unit staff.
- D. Establish communication and problem-solving mechanisms
  1. Identify and schedule regular, ongoing leadership and unit meetings. (completed 10/15/2004)
  2. Identify need for *ad hoc* staff study groups. (4 formed 12/2/2004)
- E. Improve access for clients/consumers.
  1. Develop a unified Intake/Access system. (*ad hoc* group formed 12/2/2004)
  2. Designate reception area(s), telephone numbers, etc. (completed 11/22/2004)
  3. Investigate development of aging and disability resource center. (letter of intent submitted)
  4. Consolidate after-hours crisis systems.
  5. Develop information and referral database/resource file for reception or intake staff.
  6. Adopt department-wide grievance/complaint process for clients/consumers.
  7. Adopt department-wide policies on confidentiality and privacy.
- F. Improve Department efficiency.
  1. Review common functions.
    - a. Bookkeeping, vouchers, and fiscal reporting.
    - b. Insurance and client billing.
    - c. Transportation services, fleet maintenance. (*ad hoc* group formed 12/2/2004)
    - d. Certification/licensure of foster and adult family homes.
    - e. Records storage and retention. (*ad hoc* group formed 12/2/2004)
    - f. Client financial management (Representative Payee) (consolidation 1/3/2005)
    - g. Clerical/support (mail, correspondence, filing, copiers, facsimile machines, etc.).
  2. Recommend consolidation of function and/or cross training of staff.
  3. Implement recommendations.
    - a. Integrate voucher preparation and review.
    - b. Assess and develop comprehensive transportation system.
    - c. Integrate office practices.
  4. Identify priority areas for standardization of policies and procedures.
- G. Develop integrated budget.
  1. Create new chart of accounts.
  2. Consolidate expense reporting through Community Aids Reporting System (CARS) and coordinate with chart of accounts.
  3. Consolidate Human Services Reporting System (HSRS) database (to be completed by State in January 2005) and coordinate cost reporting with chart of accounts.
  4. Consolidate other state expense reporting requirements (941/942 reports, Mental Health and AODA Block Grants, Wisconsin Medicaid Cost Reporting, Random Moment Time Studies, etc.).
- H. Coordinate information systems infrastructure
  1. Deploy necessary software to users.
  2. Structure usage of network resources (e.g. printers, etc.).
  3. Assess efficiency and effectiveness of existing management systems (e.g. WISSIS, DRI).

#### V. Statement of Assurances and Maintenance of Effort

Adams County will continue to provide the full range of health and human services as required and will, at a minimum, maintain the quality of the programs offered through the consolidated department. The Health & Human Services Department will continue to comply with and conform its operations to relevant statutes, administrative codes, rules, and other programs requirements.

The rights of staff will be protected. Specifically, per s. 46.23(d), Wisconsin Statutes, all persons employed by the county, whose functions are assumed by the Adams County Health & Human Services Department, shall continue as employees of the County without loss in seniority, status or benefits, subject to the merit or civil service system.

Adams County has studied the advantages of consolidation of the Aging, Health, Social Services, Community Programs, and, in part, Veterans' Services, and the County Board of Supervisors voted on 17 August 2004 to proceed with the consolidation and established the required planning process. The Implementation Committee, Implementation Director, and Implementation Team have worked since then to address the challenges encountered in the process.

Adams County understands that additional problems and challenges will be encountered during the completion of implementation plan activities, and expects that these can be addressed by the Health & Human Services Board, Director, management staff, and unit work teams.

The county has considered the fiscal implications of the consolidation, and will request the consolidation of aids from the State of Wisconsin through resolution to be considered 15 February 2005.

Department staff, interested citizens, and present or potential consumers have participated in the studies of the feasibility and/or implementation of the Health & Human Services Department through advisory committee/board meetings, public hearing, solicited written comment, open meetings, etc.

#### VI. Governance

*Composition* – The Health & Human Services Board will consist of 9 voting members. Five will be County Board Supervisors. The remaining members will be representatives of the community (“citizen members”), one of whom will be a consumer or a family member of a consumer of a Department delivered service. Good faith efforts will be made to include a physician and a Registered Nurse among the citizen members. In addition, one member must have demonstrated interest or competence in the field of public health or community health. Another citizen member will be of recognized ability and demonstrated interest in services for older individuals. The composition of the Board will reflect the diversity of the community and be appointed by the County Board Chairperson.

*Terms* – Terms for citizen members will be three years. Initially two members will be appointed for 3-year terms, one for a 2-year term and one for a 1-year term. Subsequent appointments, as terms expire, will be for 3 years. Terms for County Board Supervisors will be two years, commencing and expiring with the election of the County Board. Vacancies will be filled by appointment by the County Board Chairperson following recommendation by the Health & Human Services Board.

*Duties and Responsibilities* – A list of Board Member Duties and Responsibilities, which defines the duties and scope of responsibilities for the Board members, has been developed. In addition, following appointment of a Health & Human Services Board a number of training activities are planned. These activities include presentations by and discussions with Area Administration staff from the various areas encompassed by the Department (e.g. health, aging, children's services, adult services, etc.). Meeting time will also be allocated for an exercise in discriminating board and staff functions. To assure privacy, confidentiality and protection of the rights of Department clientele, Board members avow that client specific information that may come to

the attention of the Board will not be disclosed to any non-department personnel or the public at large. In addition, Board members will uphold and support the Health & Human Services Code of Ethics.

*Subcommittees* – The Board will utilize three subcommittees in the execution of its duties. The Finance Subcommittee will meet monthly to review invoices and vouchers presented for payment to the Department. Following subcommittee review, a summary report will be prepared and presented to the Board as a whole for approval at the next meeting. The Service Evaluation Subcommittee will be responsible for reviewing the products of the ongoing service evaluation efforts of the Department, including surveys of customer or consumer satisfaction, service utilization reports and will participate in the development and analysis of goals and objectives for each unit of the Department. The Human Resources Subcommittee assists in the recruitment and retention of staff of the Department, including screening and interviewing of applicants for vacant positions, and recommending action to the full Health & Human Services Board. This subcommittee will also review performance evaluations of all Department staff (with the exception of the Director, whose evaluation is conducted by the Board as a whole). The Board may consider and act to form *ad hoc* committees or work groups as advisory to the work of the Board.

*Advisory Committees* – The advisory committees required in statute, administrative rule, and/or regulation will be maintained. These include: Aging Advisory, Nutrition Advisory, Long Term Support Advisory, W-2 Steering, Youth Services, and Mental Health/AODA/Crisis Services. During the regular course of its business, the Health & Human Services Board will receive reports from these committees as well reports concerning the activities of other community committees in which Department staff participate. The Health & Human Services Board may also request the formation of other standing or *ad hoc* advisory committees to address systemic issues deemed important by the Board.

*Veterans' Services* – The Health & Human Services Board will be designated as the governing committee for the Veterans' Service Office.

## VII. Organizational Structure

The Health & Human Services Department will be composed of five administrative units, each working to support and enhance the efforts of the others.

*Children & Family Services Unit* – This unit integrates existing child protective services/juvenile justice systems and mental health/substance abuse systems in order to coordinate services to families of all sizes and all ages. This synthesis recognizes the interrelatedness of persons living in the same environment as, and others who play a significant role in the lives of, those who receive services from the Department and draws on the expertise of a diverse staff to form coordinated, multidisciplinary teams of professionals to serve customers/clients. This administrative structure also provides opportunities to develop and/or expand such emerging concepts as in-home therapies, integrated crisis response teams and institutional diversion programs, prevention and early intervention, and coordinated service teams for school-age children and adolescents. Through the creation of this unit, many of the potential benefits of consolidation (and issues cited in the Feasibility Study as requiring resolution) are addressed, specifically the coordinated and collaborative use of resources, flexibility in service continuity, better and more seamless services to clients, and strategic positioning for funding and program initiatives.

*Aging & Long Term Support Services Unit* – This unit serves both elderly individuals and those with serious long-term disabilities, who need a range of supportive and/or rehabilitative services to remain in their homes and maximize their integration into the fabric of the community. The shared vision of the unit is to assist elderly people and those with disabilities in living their lives as they choose and, to the extent of their capacity, in directing the course of their care. To accomplish this



vision, the unit provides an array of support, rehabilitation, vocational, social, nutritional, transportation, money management, and day services, and purchases a variety of residential and other in-home services to enhance the quality of the lives of program participants. The unit also has the responsibility to assist in the protection of society's more vulnerable adults, investigating allegations of elder abuse and participating in the development and evaluation of emergency and routine adult protective services. The creation of this unit also addresses the coordination of services issue, especially as it pertains to older adults and to those in need of protective services, and, with the vision of an Aging & Disability Resource Center, integration of access and more seamless services to clients.

*Public Health Unit* – This unit is responsible for leadership in the development and maintenance of a public health system for Adams County, and for integrating that system into regional and state public health consortia and/or systems. Essential services include monitoring health status to identify community health problems and other issues from a population perspective, including the prevention and control of communicable diseases; identifying, investigating, controlling, abating, and preventing health problems and human health and other hazards in the community; educating the public about current and emerging health issues, including strategies to promote and enhance health; promoting community partnerships to identify and solve health problems; completing a community health assessment, identifying groups, families, and individuals at high risk of illness, injury, disability, or premature death; enforcing laws and regulations that protect health and assure safety; linking people to needed health services; and preparing for a coordinated response in times of natural disasters or in response to bioterrorism or other crisis.

*Economic Support & Wisconsin Works Unit* – This unit assesses the human need for relief from poverty and its effects and determines the sources, types, and levels of public assistance available by law to alleviate that need. Through case management, the Unit provides various services to enable participants to reach a goal of self-sufficiency and economic independence and has an extensive knowledge of community resources and support services available to participants in order for them to become self-reliant and resourceful in thinking through potential solutions to challenges. Unit staff retain a strong sense of public responsibility and professional ethics in collaborating and coordinating the delivery of services with other agencies and professionals. Customer service is of the utmost importance to the Unit in creating an atmosphere in which service delivery is effective, seamless, and need fulfilling – where the customers are served in a way which enhances their lifestyle so they can see satisfactory results now and later in life. By consolidating transportation services (including Medical Assistance and Elderly & Disabled) in this unit, it is the expectation that the County will see an improvement through the coordinated use of a relatively scarce resource and the development of a more comprehensive plan to meet this need.

*Fiscal & Support Services Unit* – This unit supports the operations of the other units of the Department, performing such functions as: reception, scheduling, telephone support, clerical assistance, record-keeping, filing, procurement, inventory control, forms design and maintenance, etc. In addition, the unit provides a variety of fiscal functions, including accounts payable and receivable, general ledger, voucher preparation, billing and collections, etc. The unit assists in managing the Department's purchase of service contracts, monitoring utilization and compliance with reporting and documentation requirements. The Fiscal & Support Unit also provides a range of support services for users of the Department's computer networks, including data entry, computer support and troubleshooting, network maintenance, and management of the Department's web site. Finally, the unit prepares and submits to the State of Wisconsin a variety of service delivery and fiscal data, on both a client and Department level. By integrating these policies, procedures, and systems, im-

provements in the allocation and use of available resources as well as the capacity to engage in strategic fiscal planning are anticipated, and it is expected that the unit will more efficiently support the efforts of the Department as a whole.

A Department management team will consist of the Director, Deputy Director, Health Officer, Aging Director, Long Term Support Manager, Youth Services Manager, Clinical Services Manager, Economic Support Manager, and Fiscal & Support Services Manager. The management team will meet weekly, and management staff will meet with personnel from their assigned units on a regular basis. Each manager will report to either the Director or Deputy Director, and will be responsible for the direct supervision of the staff within their respective units.

#### VIII. Physical Plant Utilization

At the present time, the Departments involved in the consolidation are situated in two locations: the North Street building, which houses Social Services, Economic Support, Public Health, and Community Programs, and the Community Center, which houses the Aging Department and Senior Center. There are no plans to alter that configuration, although long-range plans include the creation of an Aging & Disability Resource Center within the Aging Department site. At the North Street location, movement of offices within the building will facilitate deployment of the unit structure, enhance the opportunity for collaboration and cooperation within and among operational units, improve reception/telephone answering services, and unify department operations.

In order to achieve these outcomes, a limited number of building renovations have been recommended, and funds have been identified in the 2004 Community Programs budget to pay for the changes. Authorization to place these monies in a non-lapsing account will be requested through the existing County financial policies and procedures. The modifications proposed fall into two categories: changing the space to accommodate the placement of unit staff together (and to facilitate the economical utilization of shared office equipment and supplies) and the literal creation of walls between reception and switchboard functions, so as to enhance privacy, reduce distractions, and improve efficiency. It has been recommended that an engineering study be undertaken in preparation of final remodeling plans, to address areas of air handling, heating, ventilation, lighting, and in identifying other variables which must be considered. It should be noted that any delay in remodeling will not impede consolidation, but rather, will require temporary adaptations and solutions, which have been addressed by the Implementation Team.

One of the major obstacles in efficient space utilization has been the vast area required for the retention of customer/client and financial records. A number of solutions have been proposed. These have included remodeling of the Adult Day Services area to create a room devoted solely to closed records, the construction of an addition to the North Street building to house old records, the feasibility of pursuing off-site storage of the physical records, and the acquisition of equipment to store copies of records in a digital format. Each option identified has a number of logistical and financial drawbacks, and resolution will require continued investigation, discussion, and debate. In the interim, one interior office, adjacent to the present Community Programs file room, will be cleared to provide storage of child welfare and juvenile justice records, freeing some space for Public Health unit staff.

The issues of how and where customers/clients enter the North Street building and the location of staging or waiting areas have been discussed at length by staff involved in the planning for consolidation. A consensus was reached that the present Social Services entrance serve as the main point of entry into the building, primarily because of parking, accessibility, and proximity issues. The present Community Programs entry will be used for customers/clients of the Children and Family Services unit. As the movement of offices oc-

curs, new exterior signs will be required in order to direct individuals to the appropriate entry. The issue of interior waiting areas was discussed, but ultimately rejected because of the dearth of open space.

#### IX. Fiscal System

Over the course of fiscal year 2005, the fiscal system will be integrated. The first step in the process will be the merging of existing multiple systems in the areas of accounts receivable and accounts payable (including invoice/voucher presentation and approval), while continuing to use the current charts of account for the separate units. With consolidation, a single system will be developed for receiving and receipting payments from consumers and other purchasers of department services. In addition, the preparation of the documents in a single format for Finance Subcommittee review will be assigned to one fiscal support staff person. As part of the integration, Department staff will work with vendors to consolidate the submission of single statements for services provided to the various units. Office procedures will be designed and implemented to direct the flow of information from receipt of a request for payment to authorization to invoice/voucher preparation to Finance Subcommittee approval.

Concurrently, the Fiscal & Support Manager and Director will work with the County's auditor and County Clerk to create a new, single fund for department operations and to develop a unified chart of accounts for implementation in the 2006 budget. To the extent that increasing efficiency in generating mandatory fiscal reports to the State is a goal of the process, this is expected to be a particularly challenging task, given the diverse and sometimes conflicting requirements. It is anticipated that there will be a need for technical assistance from experts in governmental auditing and accounting as well as from other counties.

Contract management will, on consolidation, be unified through oversight and monitoring by the Fiscal & Support Manager. These responsibilities will include supervision of the rate setting process, advising Unit Managers in setting performance standards, tracking expenditures, and monitoring compliance with the auditing, fiscal, and reporting requirements of the contracted vendors.

#### X. Personnel

Personnel functions are under the direction of the County Personnel Director and Personnel Committee. Policy details are enumerated in the County Personnel Manual for exempt or non-represented employees and in the collective bargaining agreements between the County and AFSCME Local 1168 Professional and Courthouse Employees' Unions. All represented personnel within the Health & Human Services Department are members of AFSCME Local 1168. There have been preliminary discussions with Union officials regarding the effect of consolidation on staff and job descriptions and the intent of the county to vest supervisory authority in the hands of non-represented staff. Further discussions throughout the process of consolidation are expected and welcomed. With the creation of a new department, the County will, by resolution of the County Board of Supervisors, request a new offer of delegation of personnel authority from the State of Wisconsin.

#### XI. Technical Assistance

In the process of implementing a Health & Human Services Department, ongoing technical assistance will be sought from a number of sources and in a number of areas. In anticipation of the challenges in creating an efficient chart of accounts in the fund to be created, staff members have already initiated conversations with the County's auditor and with the fiscal staff of other counties in which Health & Human Service Departments exist. It is also expected that assistance will be required from the office of the County Clerk and from the vendors of the bookkeeping software utilized in that office, in order to create the ability to manipulate the raw fiscal data to generate the reports required by the various State funding sources.

Analogously, it is expected that technical assistance will be required in two distinct aspects of consumer/client record keeping: the storage and management of closed records and the integration of active records generated by different Health & Human Services Department units. The first issue, retention, has, as noted above, an immediate impact on the utilization of space within the North Street building, and will require longer-term study. If an electronic option is deemed desirable and possible, technical assistance from potential hardware and software vendors as well as from other counties in which such systems are in use will be required. In considering the issue of current customer/client records, department staff will seek guidance from State authorities and other counties regarding what consolidation is permissible.

A third area in which technical assistance will be required, and has been requested, is in the area of Board development. The inculcation of values has been addressed through the preparation of the ethics statement and member duties and responsibilities. The differentiation of board/staff tasks and responsibilities will be an exercise completed within the first six months of operation. Educating Board members in the nuances of the breadth and depth of the programs and services offered will require assistance from Area Administration (Public Health, Adult Services, Children & Family Services), Area Agency on Aging, and Department of Workforce Development staff.

The enumeration of areas of technical assistance above is neither exhaustive nor final. It is expected that technical assistance from outside the Health & Human Services Department will be necessary (and readily forthcoming) in other, unanticipated areas as the implementation plan is deployed.

## XII. Summary

Having concluded that the consolidation of the Department of Health, Social Services, and Aging and the Department of Community Programs was feasible, the County Board of Supervisors ratified the appointment of a Health & Human Services Implementation Committee and Implementation Director. Since that time, efforts at devising a plan to implement the new department have proceeded along a number of complementary paths. One of the first acts of the Implementation Committee was the appointment of an Implementation Team, consisting of the Department Heads, Unit Heads, Lead Workers, and opinion leaders of the constituent units of a new department. That group has met weekly to identify and prioritize the issues involved, anticipate obstacles and difficulties, address areas identified through the feasibility study process, recommend solutions and plans to the Implementation Committee, and disseminate information to the affected staff. In addition, planning information has been shared, and input solicited, at general staff meetings, during regular, ongoing meetings of the respective unit staff, and through e-mail distribution of primary planning documents to all staff of the planned department.

This document represents a plan to integrate separate, but interdependent and collaborative, units into a single, efficient, and comprehensive service delivery system. Like a road map, there are a number of alternative routes to any destination. Despite the diligent efforts of all of the staff involved, it is inevitable that something will have escaped attention and that some projections of anticipated outcomes will miss the mark, requiring modification of the plan. Given the management structure proposed and the communication system established, staff are confident that these challenges can be overcome and that the primary objective of consolidation, improving services to the citizens of Adams County, will be met.

## XIII. Appendices

1. Feasibility Study
2. Health & Human Services Board By-Laws
3. Board Member Duties and Responsibilities

4. Health & Human Services Ethics Statement
5. Health & Human Services Department Governance Chart
6. Health & Human Services Department Functions Chart
7. Health & Human Services Department Table of Organization
8. Implementation Committee meeting minutes (10/6, 10/25, 11/5, 11/29, 12/10/2004)
9. Public Hearing Notice
10. Public Comments
11. Notice of Recruitment of Citizen Members
12. Expression of Interest Form
13. County Board Resolutions
  - a. Resolution 2005-xx To Approve Implementation Plan for Creation of a Health & Human Services Department
  - b. Resolution 2005-xx To Create a Health & Human Services Department
  - c. Resolution 2005-xx To Create Management Positions within the Health & Human Services Department
  - d. Resolution 2005-xx To Modify County Board Rules
  - e. Resolution 2005-xx To Request Consolidation of State Aids and New Offer of Delegation of Personnel Authority from the State of Wisconsin
  - f. Resolution 2005-xx To Transfer Power to the Health & Human Services Department

*A FEASIBILITY STUDY  
ON FORMING  
A HEALTH AND HUMAN SERVICES DEPARTMENT*

Prepared For

THE ADAMS COUNTY BOARD OF SUPERVISORS

by

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JUNE 2004

## **BACKGROUND STATEMENT**

This report details the result of the Feasibility Study Committee's work and brings forward a proposal for consideration by the Adams County Board of Supervisors.

The Adams County Board of Supervisors established a Special Study Committee to explore the creation of a Human Services Department and develop a proposal for consideration by the Adams County Board of Supervisors and the state of Wisconsin in Resolution 84-2003 (10/21/03). This Resolution was introduced and supported by the Community Programs and the Aging, Health and Social Services Committees. *A Copy of the Resolution is attached as Appendix A.*

At the first meeting of the Study Committee on 12/23/03 the Feasibility Study Committee determined that a successful Human Services Department would mean improving access to services for clients, helping more clients with existing resources, and creating an atmosphere for clients where cooperation and sharing of resources was a positive.

In addition to that the committee felt that a Human Services Department could lead to other positive results like:

- Better access to available state resources which are geared to county operations that are consolidated and can make better use of funds across multiple client service areas;
- A coordinated system could provide greater access to federal dollars;
- Economies of scale, although they may not lead to dollar savings, help in redirecting dollars to appropriate services across client populations;
- A unified system ensures greater collaboration of departments and a increased ability to better meet the needs of clients now served by more than one of the existing departments;
- Improved departmental relationships and elimination of duplicatory services; and
- Provisions of a better backup system for smaller departments

## Statement of Objectives

**Success will mean improving access to services for clients, helping more clients with existing resources and creating an atmosphere for clients where cooperation and sharing of resources is a positive.**

The Feasibility Study Committee established this primary objective at the first meeting. The Committee specifically endorsed the intent of the statute that:

All persons employed by affected departments in Adams County shall continue as employees without loss of seniority, status or benefits although some work assignments and tasks may change with appropriate training.

The intent is not to cut services but to capitalize on the best use of available resources. It is expected that formation of a Human Services Department will allow for greater flexibility in the allocation of available resources including staff time and monetary allocations.

**Provide maximum accessibility to clients in need of service by insuring that clients get to see the person they need to see as quickly as possible.**

The above statement is a second, equally important objective. Clients should have to tell their story only once and be referred to the person that can be of the most help to them. This will be accomplished through improved information sharing and a single Access/Intake system for clients who are not sure about what services they need. It is expected that the new department will take a citizen oriented approach to service delivery and programming.

In addition to these two major objectives a combined department would provide the opportunity to accomplish the following objectives:

- **Improved services to Adams County clients within available resources;**
- **Seamless, coordinated services to clients especially multi-issue clients;**
- **Provide a better opportunity to capitalize on the use of available revenues through a fully coordinated fiscal and data management system;**
- **Improved coordination and collaboration for all agencies involved in the consolidation; and**
- **Development of an evaluation system that allows for comprehensive review of data, agency services, client services and program effectiveness.**



## **Statement of Assurances/Maintenance of Effort**

Adams County assures that the level of services will not be diminished and are looking to optimize quality and increase services wherever possible within available resources.

It is the intent of Adams County to follow Wis. Stat. 46.23 (3)(d) which states; All persons employed by a county or by the state, whose functions are assumed by a county department of human services shall continue as employees of the county department of human services without loss in seniority, status or benefits, subject to the merit or civil service system.

## **Potential Advantages of Proposed Reorganization**

Based on the information gathered and the recommendations of the three counties consulted, the Feasibility study Committee identifies the following potential advantages:

- Improvement in client services by making more coordinated, collaborative use of available resources
- New agency structure will better prepare Adams County to receive and utilize funds that require collaboration and planning across multiple client groups
- A single Access/Intake system and improved information sharing will ensure that clients need to tell their story only once to get to what they need.
- Provide flexible use of resources and service continuity for improved service and service delivery
- Comprehensive planning for services across programs and feedback/evaluation
- Integrated fiscal, data, billing and support system for all departments involved in the consolidation given existing constraints
- Better and more seamless services to clients
- More collaborative departmental relationships
- Development of a single after hours on call system
- Provision of backup coverage for smaller offices
- Current Community Programs software would track more clients and billing
- Create a governing committee with a broader perspective of human services needs which allows that committee to better set agency priorities

## **Potential Problems and How they would be Handled**

The Feasibility Study Committee recognizes that there are a number of potential problems that will arise during the implementation of a new Health and Human Services Department.

The Committee recommends that the newly appointed Health and Human Services Committee function as the committee in charge of implementation of the new department prior to completing the transition to a Health and Human Services Department.

The Committee recommends that the transition to a Health and Human Services Department take effect January 1, 2005.

The Committee recommends that the Adams County Board Rules Committee appoint six supervisors to the new Health and Human Services Committee and that they have experience from serving on one or both of the two current governing boards.

The Committee recommends that citizen members on the committee be selected from a list drawn from existing citizens serving on governing and advisory committees for the current departments.

The Implementation Committee will oversee the following issues as part of the implementation process:

- Possible appointment of an Implementation Director
- Determine the selection process for a new director including credentials, background, and strengths in collaboration and community relations
- Identify a management structure and lines of authority
- Identify physician to participate on Health and Human Services Board
- Determine Governing Board sub-committee structure
- Determine the structure of governing board meeting in order to ensure each discipline appropriate access and input
- Address Cross-training issues for staff
- Formation of an implementation plan that guarantees staff and community members significant input into the actual working of a reorganized department
- Develop a plan to inform customers and clients about the change
- Determine if existing resources like data systems, staff time, staff skills and phone system are adequate to meet the objectives of the reorganized department
- Determine the scope of a comprehensive billing system and a way to integrate WISACWIS (Wisconsin Statewide Automated Child Welfare Information System) as much as possible with existing systems

### **Examination of Fiscal Implications of Consolidation**

The Feasibility Study Committee reviewed the financial implications of a Human Services Department and determined that implementation of a Health and Human Services Department would at the very least be fiscally neutral for the county and could lead to economies of scale and flexibility of funding uses that should improve service delivery to clients of all departments.

*Appendix B is a copy of a financial review completed by Norm Brickl, resource person to the study committee which outlines in more detail some of the fiscal implications of such a consolidation. Data to do an in-depth analysis was not available and therefore one of the objectives of consolidation is to provide the county with more comprehensive evaluation and information on many issues.*

*Appendix C is a report from Patty Hammes, Area Administrator for the State of Wisconsin which outlines the fiscal resources that may be available from the State in coming years and clearly demonstrates the advantages of a consolidated department in capturing those funds.*

### **Statements of Participation in the study by staff and special interests**

The Feasibility Study Committee met on the following dates in open meeting to discuss the Human Services Consolidation:

December 23, 2003	February 3, 2004	February 16, 2004
March 23, 2004	April 14, 2004	May 19, 2004

These were all open meetings and participation of department directors was sought and encouraged.

On three different occasions the Feasibility Study Committee also met with counties similar to Adams County who had formed Human Services Departments. These were Richland County (February 16, 2004) which includes Social Services, Aging, Health and Community Programs, Waushara County (May 4, 2004) which includes Social Services and Community Programs, and Rusk County (June 2, 2004) which includes Social Services, Community Programs, Health, Aging, Veterans and Child Support.

In addition to the above, Norm Brickl and Cindy Haro met with staff at on March 10 and 11, 2004. *Appendix D includes a report of the content of those staff meetings.*

On May 14, 2004 Norm Brickl and Cindy Haro met at three different times with community persons and special interest groups to seek their input about consolidations. *A copy of a report of those meetings is included in Appendix E.*

Following distribution of a first draft of this Committee's report, the Committee will allow at least two weeks for additional written input on the feasibility of forming a human services department. The final report to the Board will be drafted after the time period for written input has passed.

If the creation of a Human Services Department moves forward, the best results will occur with significant, ongoing staff input and at least one public hearing.

## **REORGANIZATIONAL PROPOSAL**

Agencies to be included in the Health and Human Services Department are: Health, Social Services, Aging and Community Programs. Oversight of the Veterans Services Office will be changed from the Law Enforcement Committee to the Health and Human Services Committee with the VSO continuing its same relationship with human services agencies.

The governing committee for the Health and Human Services Department shall recommend citizens to serve on the Health and Human Services Committee to the Chairperson of the County Board.

*The Adams County Health and Human Services Organizational Chart is attached as Appendix F.*

### **Physical Structure Considerations**

No significant physical structure changes are anticipated at this time but the Implementation Committee will address any possible special issues like client access points, naming of building entrances, and any phone system issues.

### **Agency Functions that Could Be Consolidated**

The Feasibility Study Committee recommends that the following possible services be considered for consolidation:

- Access/Intake
- Fiscal/data/business management/billing and support
- After Hours on Call
- Prevention
- Services to Multi-Issue Clients
- County Wide Transportation

### **Fiscal and Personnel System Considerations**

The Feasibility Study Committee recommends the Adams County request Consolidated Aides Authority from the state of Wisconsin to begin the process of fiscal flexibility to ensure the best use of available resources for clients.

### **Issues to be addressed if Consolidation is Not Recommended**

If consolidation is approved it provides a way to address many of the issues raised in this report.

If consolidation is not approved, these issues remain and must have solutions:

1. Impact of the state focus on regionalization of service delivery must have oversight, review and follow up on the process
2. There needs to be an improved way to share information and serve clients who are receiving services from multiple agencies.
3. How Adams County will access funds that require coordination and collaboration across multiple county systems
4. Fragmented departmental relationships
5. Evaluations systems that allow Board Members to track, analyze and evaluate programs and services delivery county wide
6. Duplication of services between departments
7. Collaboration and Coordination on Multi-Issue cases
8. Transportation Programming
9. Adequacy of funding for the W-2 program currently and long term
10. The cost on Alternate care placements for children
11. Cost – Benefit analysis of Contracted Services

## **Recommendation**

Create a Health and Human Services Department following the structure recommended in the feasibility study.

To: Adams County Feasibility Study Committee  
From: Norm Brickl Resource Person to the Study Committee  
Re: Report of Meetings Regarding Health and Human Services Merger  
with Community Persons  
Date: May 11, 2004

Cindy Haro, Corporation Counsel for Adams County and Norm Brickl, Resource person to the Feasibility Study Committee met with members of various advisory committees and community members regarding the possibility of a merger of a variety of county agencies into a combined Health and Human Services Department. The meetings were held at 1:00,3:30 and 5:00 on 5/14/04. One of the meetings was held with the Community Visions Team/W-2 Steering Committee which includes WHEDA, Adams-Friendship School System, Village of Friendship, Job Service, Adams Community Hospital, Adams County Department of Health and Social Services, and Bridges for Youth. This group also serves as the Adams County W-2 Steering Committee.

As we entered the room the Community Visions Team was hearing a presentation from First Call for Help, a 211 service access system now available in Wood and Clarke Counties. Should this develop in Adams County it could and should impact how a service access system might be designed in a combined agency. The Community Visions Team was formed two and one half years ago and represents different resources in the community. Its purpose in forming was to share information and increase communication among agencies serving Adams County. Among the questions raised by this group were the following:

- (a) What is the reason or purpose for considering a combined department now? Is it based on personalities, complaints of service duplication, or on a need assessment to better meet community needs? This is the same issue raised by staff and needs to be addressed in any Feasibility Study Committee Report that would be forwarded to the Adams County Board of Supervisors.
- (b) How will the Department of Health be impacted? They have a significant provider relationship with the Adams-Friendship school system and are also heavily focused on Prevention and

sanitation enforcement. The group was concerned that none of these functions be lost.

- (c) There was a suggestion that the Feasibility Study Committee hear from Waushara since they were a small county that just recently formed a Human Services Department, had a strong Job Center and a migrant population. This occurred at a meeting held on 5/4/04 at the Adams County Courthouse.
- (d) Again the question of what happened to the Adams County Job Center was raised. It was seen as a collaborative model the worked well and there is confusion in the community about why it was closed. This issue needs to be addressed in the final committee report.
- (e) Bridges for Youth, like all other agencies represented in this group were concerned about what changes to a combined agency would mean for them.
- (f) The group felt that the Department of Social Services was a very active, collaborative community participant in this group and in collaborative community planning. This was not seen as true of the Department of Community Programs. This raised the question for members of this group as to what the policy of a Health and Human Services Board might be. Would such a Board mandate community collaboration and expect it of whoever the director might be.
- (g) What is the time line for the Feasibility Study Committee to complete its report and would there be an opportunity to comment on the report and to be actively involved in implementation of a combined department should that be the recommendation of the full Adams County Board. A plan to do both seems appropriate in the light of this group's role in community collaboration.

We met with members of the Nutrition Advisory Board at 3:30 pm. They expressed four concerns:

- (a) Their biggest concern was would the seniors of Adams County loose out to children or other groups/needs in a consolidation of

departments and would they be adequately represented and have adequate access to Board Members in a consolidated system.

- (b) They expressed a concern about central preparation of food for the nutrition sites but were told this was not an issue related to consolidation but was being piloted now to see how it works. Their main concern in this area is quality of food prepared and then delivered.
- (c) They liked the jail/prisoner involvement at the nutrition sites. It gave them and the prisoners an opportunity to mix and impact the prisoners positively.
- (d) Again there was concern about the Job Center and what happened to it and would that happen to a consolidation. Would the money just end? Their impression was that the consolidation of departments meant cuts.

The 5:00 meeting included more representation from the Commission on Aging, the Veterans Service Office and Public Health. Some of the same concerns were raised that were raised in the earlier meeting regarding the elderly and the nurses like why is this being considered now, will there be a guarantee of access and budget for the elderly and the Health Department or will the elderly loose out because the county is so directed toward youth. They were also concerned that there not be a loss of the current personal level of service. Some of these concerns seem a little hard to understand because both Public Health and the Commission on Aging are part of the Health and Social Services Department now.

The Veterans Service officer raised an issue under state statute 45.43 paren 5 (e) " the veterans service officer shall perform the duties prescribed by law including those duties under pars (a) to (d) separately and distinctly from any other county department" He contends that the reimbursement he receives from the state for some of the expenses of his office could be lost as a result of this statute and a consolidation of departments. This is a matter for the corporation counsel to research.



There might also be a need to retain a commission to oversee the Soldiers and Sailors fund. The veterans present stressed the importance of direct access to someone who understands veterans and veterans programs.

All present at the meetings would like the opportunity to respond to the recommendations of the Feasibility Study Committee and is Resolution to the County Board.

# ADAMS COUNTY HEALTH & HUMAN SERVICES DEPARTMENT

## BY-LAWS OF THE HEALTH & HUMAN SERVICES BOARD

ADOPTED 10 December 2004

### VISION

The vision of the Adams County Health & Human Services Department is to provide services within a continuum of care, to provide leadership to develop resources to meet needs and to assure the delivery of quality services to residents of the county.

### MISSION

We are the Health & Human Services Department. The name itself defines its purpose. Our Department is here to assure and maintain the health and well being of both individual residents of Adams County and the population as a whole. We provide services that will enhance, protect, and preserve the way of life for anyone in need of assistance. We will do so with confidentiality, sincerity, and compassion. We will try our hardest, within our means, to serve, and we are always searching to improve our ways so we can provide the services needed.

### 1.0 AUTHORIZATION

Chapter 46.23 of the Wisconsin Statutes provides the authorization and direction of a county Health & Human Services Department and its Board. The administration, powers and duties of this county Department include those referenced in Chapters 46, 48, 49, 51, 55, 251, 880, and 938.

### 2.0 MEMBERSHIP

The Health & Human Services Board shall consist of 9 voting members. Five shall be County Board Supervisors. The remaining members shall be representatives of the community ("citizen members"); one of whom shall be a consumer or a family member of a consumer of a Department delivered service. Good faith efforts shall be made to include a physician and a Registered Nurse among the citizen members. In addition, one member must have demonstrated interest or competence in the field of public health or community health. Another citizen member shall be of recognized ability and demonstrated interest in services for older individuals. The composition of the Board shall reflect the diversity of the community and be appointed by the County Board Chairperson.

**2.1 Terms** – Terms for citizen members shall be three years. Initially two members will be appointed for 3-year terms, one for a 2-year term and one for a 1-year term. Subsequent appointments, as terms expire, shall be for 3 years. Terms for County Board Supervisors will be two years, commencing and expiring with the election of the County Board.

**2.2 Vacancies** – Vacancies shall be filled by appointment by the county board chair following recommendation by the Health & Human Services Board.

**2.3 Officers** – Officers shall be elected from appointed Board members subsequent to the County Board Organizational Meeting and shall consist of Chairperson, Vice-Chairperson and Secretary. Terms shall be 2 years. The Chairperson must be a County Board Supervisor. Consecutive terms may be served by any Board member.

**2.4 Board Member Duties and Responsibilities** – A list of Board Member Duties and Responsibilities shall be developed for Board members. This document will define the duties and scope of responsibilities for the Board member.

**2.5 Confidentiality** – To assure privacy, confidentiality and protection of the rights of Department clientele, Board members avow that client specific information that may come to the attention of the Board shall not be disclosed to any non-department personnel or the public at large.

### 3.0 MEETINGS

All meetings shall be in accordance with s. 19.81-19.98, Wisconsin Statutes, referred to as the “Open Meetings Law” (which is appended by reference).

**3.1 Quorum** – A quorum shall consist of 5 or more members.

#### 3.2 Procedures

1. Meeting agendas shall be registered with the office of the County Clerk, forwarded to the officially designated county newspaper and local radio station, and also distributed to Board members for their approval at the beginning of each meeting.
2. Meetings shall be conducted within generally accepted “Robert’s Rules of Order.” Minutes of each official meeting shall be kept and distributed to Board members. Acceptance of minutes distributed shall be approved at the subsequent official meeting and signed by the Secretary or designee.
3. Business before the Board requiring action shall be approved or disapproved by either a majority vote or by consensus.

**3.3 Public Hearings** – Any public hearing may take place as a part of a regularly scheduled meeting or may be scheduled as an additional meeting of the Board. A public hearing is required during the development of the annual budget as part of the Public Participation Process.

### 4.0 COMMITTEES

**4.1 Advisory Committees** – Standing advisory committees shall include those organized to consider issues and concerns of a number of groups advocating for the interests of Department clientele. Unless prescribed otherwise by statute or administrative rule: (1) Advisory Committee membership shall be appointed by either the Chairperson of the County Board of Supervisors or the Chairperson of the Health & Human Services Board upon recommendation by Board members; (2) terms shall be determined by each advisory committee; (3) at least one and no more than two County Board Supervisors shall sit on a recognized advisory committee; and (4) County Board Supervisor participation on advisory committees may rotate each year.

**4.1.1 Aging Advisory Committee** – Per the Wisconsin Elders Act of 1991, the County Board of Supervisors shall appoint a Commission on Aging, which can be a committee of County Board Supervisors advised by an advisory committee which includes at least 50% of older individuals. The Aging Advisory Committee shall advise the Health & Human Services Board, and shall consist of seven members, appointed by the Chairperson of the Adams County Board of Supervisors. At least five members will be age 60 and over, and five shall be citizen members. The remaining members shall be the Aging Director and Director of the Health & Human Services Department (or Deputy Director). The membership should be representative of the varying socio-economic composition of the older population in the county. Citizen members shall serve three-year terms, so arranged that, as nearly as practicable, the terms of one-third of the members shall expire each year. No member may serve more than two consecutive three-year terms. Officers are elected by the Committee membership, and meetings occur quarterly. Per County Board rules,

members are entitled to *per diem* reimbursement and mileage expense for attending meetings.

- 4.1.2 Nutrition Advisory Committee** – The Nutrition Advisory Committee is composed of 12 individuals, including 9 nutrition program participants (three representing each meal site) and others representing the public interest (one County Board Supervisor, the Aging Director, and Director or Deputy Director of the Health & Human Services Department). Meal site participants shall elect members to serve on the Committee. Meetings shall be held every two months, and shall provide opportunity for the Committee to address participant grievances and complaints. Per County Board rules, members are entitled to *per diem* reimbursement and mileage expense for attending meetings.
- 4.1.3 Long Term Support Advisory Committee** – The Long Term Support Advisory Committee, required under Section 2.02 of the Community Options Guidelines, is responsible for approval and oversight of the Community Options Plan (and annual updates), for assuring coordination of services among local service providers and long-term support programs, and for evaluating service delivery. The Committee shall be appointed by the Chairperson of the County Board of Supervisors and shall consist of at least 13 members, including: two County Board Supervisors; five individuals receiving long-term support services (or a relative or guardian of such individuals) representing each of the groups eligible for Community Options Program funding (frail elderly, physical disabilities, developmental disabilities, chronic mental illness, and chemical dependence); one representative each from the county health department, Commission on Aging, and Health & Human Services Department, local nursing home, local home health agency, and local medical center. Additional members may be recommended to the County Board Chairperson for appointment to the Committee. The Chairperson must be a County Board Supervisor. Meetings occur quarterly. Per County Board rules, members are entitled to *per diem* reimbursement and mileage expense for attending meetings.
- 4.1.4 W-2 Steering Committee** – The W-2 Community Steering Committee, required by Wisconsin Works (W-2), is a public/private partnership established by each W-2 agency to provide ties to the local community with strong leadership from the business sector. The Committee assists the Department by establishing strong ties to local employers, creating and identifying job opportunities, developing employment strategies, promoting entrepreneurship, and providing mentoring. Membership, appointed by the County Board Chairperson, includes between 12 and 15 members, representing local business interests. Two of the members are County Board Supervisors. Staff of public employment and other human service providers, including Adams County, serve as advisors to the Committee.
- 4.1.5 Mental Health, AODA, & Crisis Advisory Committee** – This Committee assists the Department and Health & Human Services Board through advocacy for customers/clients, needs assessments, assurance of the coordination of services, and planning for responses to crisis situations experienced by persons with mental health and/or substance abuse issues. Through participation by those entities involved in supporting customers/clients, this Committee will be in a position to advise the Health & Human Services Board and staff regarding gaps in the service system, areas where services might be enhanced or expanded, and areas of duplication or overlap of services. Membership, appointed by the Chairperson of the Health & Human Services Board, includes between 15 and 20 members, representing Units of the Health & Human Services Department, Veterans' Ser-

vices, Law Enforcement, local hospital, advocacy groups (NAMI, AA/NA), Community Action, Domestic Violence, charitable organizations (Salvation Army, United Way, local faith community), and a County Board Supervisor. The Committee will meet quarterly.

**4.1.6 Youth Services Advisory Committee** – The Community Children’s Concerns Committee will function as an advisory body to the Health & Human Services Board and staff in the area of services to youth. This Committee meets monthly during the school year and is composed of staff members from the Adams-Friendship Area Schools, the Youth Services, Clinical Services, and Public Health Units of the Health & Human Services Department, Law Enforcement, Head Start, University Extension, and other local service providers and individuals interested in children’s issues. The structure and function of this Committee are sufficiently flexible that other groups (e.g. outlying school districts) could (and should) be invited to participate in discussions of more systemic issues.

**4.2 Subcommittees** – The Health & Human Services Board shall, at the first meeting following elections to the County Board of Supervisors, designate members to comprise the following subcommittees.

**4.2.1 Finance Subcommittee** – The Finance Subcommittee will consist of five members, at least four of whom will be County Board Supervisors. The Finance Subcommittee will meet monthly to review invoices and vouchers presented for payment to the Department. Following subcommittee review, a summary report will be prepared and presented to the Board as a whole for approval at the next meeting.

**4.2.2 Service Evaluation Subcommittee** – The Service Evaluation Subcommittee will have between three and five members. The subcommittee will be responsible for reviewing the products of the ongoing service evaluation efforts of the Department, including surveys of customer or consumer satisfaction, service utilization reports. The Service Evaluation Subcommittee participates in the development and analysis of goals and objectives for each unit of the Department.

**4.2.3 Human Resources Subcommittee** – The Human Resources Subcommittee will consist of three members, two of whom shall be County Board Supervisors. The function of this subcommittee is to assist in the recruitment and retention of staff of the Department, including screening and interviewing of applicants for vacant positions, and recommending action to the full Health & Human Services Board. Membership on this subcommittee may vary as a function of the position to be filled and the interests and/or expertise of the Board members. In addition, for recruitment, hiring, and disciplinary issues, the Director and/or Deputy Director and relevant Unit Manager will participate, per County policy. This subcommittee will also review performance evaluations of all Department staff (with the exception of the Director, whose evaluation is conducted by the Board as a whole).

**4.3 Ad Hoc Committees** – In addition the Board may consider and act to form *ad hoc* committees or work groups as advisory to the work of the Board. Such groups shall be formed by Board action with members appointed by the Chairperson of the Health & Human Services Board.

**4.4 Process** – All committees shall designate a chairperson, facilitator, or convener, and any other such positions as the committee deems necessary. Minutes shall be kept for each committee meeting with copies forwarded to the Department Director. The Board Secretary shall keep a roster of all recognized committees.

**4.5 Reports to the Board** – Any committee recognized by the Board will have the responsibility to report regularly to the Board during the month following committee meetings. These reports may be

made monthly, quarterly, semi-annually, or annually, as appropriate, and shall be part of the official proceedings of the Board.

**4.6 Other Committee Assignments** – The Health & Human Services Board Chairperson shall appoint Committee members to participate in other community committees as necessary.

**4.7 Consortia** – Following authorization by resolution of the County Board of Supervisors, organizational units within the Health & Human Services Department may be included within multi-county consortia. Representation on the governing body of a consortium is specified in the applicable Intergovernmental Agreement (or like document). Staff members serving on the governing body of such consortia shall provide reports to the Health & Human Services Board following meetings they attend. As of the date of adoption of these By-Laws, the units of the Health & Human Services Department are involved in the consortia listed below.

**4.7.1** Five-County Public Health Consortium (with Columbia, Juneau, Marquette, and Sauk Counties)

**4.7.1.1** Bioterrorism Preparedness Commission

**4.7.1.2** Bioterrorism Response and Assessment Team

**4.7.2** Three-County Public Health Consortium (with Sauk and Juneau Counties)

**4.7.2.1** Environmental Health Program

**4.7.2.2** Well Woman Program

**4.7.2.3** Agriculture Advisory Committee

**4.7.2.4** Dental Health Programs

**4.7.2.5** Wisconsin Dells foreign workers special project

**4.7.3** Portage-Adams-Wood County W-2 Consortium

**4.8 Veteran's Services** – The Health & Human Services Board functions as the governing committee for the Veteran's Services Office, which is housed in the Health & Human Services Department site.

**4.8.1 Commission on Veterans** – Pursuant to s. 45.12, Wisconsin Statutes, the County Board of Supervisors shall appoint a county veterans' service commission, consisting of three residents of the county who are veterans appointed for staggered three-year terms. The Commission on Veterans shall elect one of their members as Chairperson; the county Veterans' Service Officer shall serve as Executive Secretary of the Commission.

## **5.0 DEPARTMENT SERVICE UNITS**

**5.1 Children and Family Services** – The Children and Family Services unit integrates existing child protective services/juvenile justice systems and mental health/substance abuse systems in order to coordinate services to families of all sizes and all ages. This synthesis recognizes the interrelatedness of persons living in the same environment as, and others who play a significant role in the lives of, those who receive services from the Health & Human Services Department. In addition, this unit draws on the expertise of a diverse staff, including Social Workers, Therapists, Counselors, Psychologists, Nurses, and Psychiatrists, to form a coordinated, multidisciplinary team of professionals to serve the children and adults involved in programs operated by the Department. In addition to the traditional protective and supportive services provided by each element of the unit, the structure provides opportunities to develop and/or expand such emerging concepts as in-home therapies, integrated crisis response teams and institutional diversion programs, prevention and early intervention, and coordinated service teams for school-age children and adolescents.

**5.2 Aging & Long Term Support** – The Aging & Long Term Support unit serves both elderly individuals and those with serious long-term disabilities, who need a range of supportive and/or rehabilita-

tive services to remain in their homes and maximize their integration into the fabric of the community. The shared vision of the unit is to assist elderly people and those with disabilities in living their lives as they choose and, to the extent of their capacity, in directing the course of their care. To accomplish this vision, the unit provides an array of support, rehabilitation, vocational, social, nutritional, transportation, and day services, and purchases a variety of residential and other in-home services to enhance the quality of the lives of program participants. The unit also has the responsibility to assist in the protection of society's more vulnerable adults, investigating allegations of elder abuse and participating in the development and evaluation of emergency and routine adult protective services.

**5.3 Public Health** – The Public Health unit is responsible for leadership in the development and maintenance of a public health system for Adams County, and for integrating that system into regional and state public health consortia and/or systems. Essential services include monitoring health status to identify community health problems, including the prevention and control of communicable diseases; identifying, investigating, controlling, abating, and preventing health problems and human health and other hazards in the community; educating the public about current and emerging health issues, including strategies to promote and enhance health; promoting community partnerships to identify and solve health problems; completing a community health assessment, identifying population groups, families, and individuals at high risk of illness, injury, disability, or premature death; enforcing laws and regulations that protect health and assure safety; linking people to needed health services; and preparing for a coordinated response in times of natural disasters or in response to bioterrorism or other crisis.

**5.4 Economic Support & Wisconsin Works** – The Economic Support Unit assesses the human need for relief from poverty and its effects, determines sources, types, and levels of public assistance available by law to alleviate that need. They consistently exercise considerable discretion and judgment in their performance when applying approved policies in order to issue public assistance benefits to eligible persons. Through case management, the unit provides various services to enable participants to reach a goal of self-sufficiency and economic independence. The Economic Support Unit, with specialized training to achieve and maintain expertise, has an extensive knowledge of community resources and support services available to participants in order for them to become self-reliant and resourceful in thinking through potential solutions to challenges. Economic Support and W-2 retains a strong sense of public responsibility and professional ethics in collaborating and coordinating the delivery of services with other agencies and professionals. W-2 establishes a partnership between the resource and the participant, which recognizes the need to impact a sense of urgency to the participant about where the onus of self-sufficiency lies. Customer Service is of the utmost importance to the Unit in creating an atmosphere in which service delivery is effective, seamless and need fulfilling – where the customers are served in a way which enhances their lifestyle so they can see satisfactory results now and later in life.

**5.5 Fiscal & Support Services** – The Fiscal & Support Services unit supports the operations of the other units of the Department, performing such functions as: reception, scheduling, telephone support, clerical assistance, record-keeping, filing, procurement, inventory control, forms design and maintenance, etc. In addition, the unit provides a variety of fiscal functions, including accounts payable and receivable, general ledger, voucher preparation, billing and collections, etc. The unit assists in managing the Department's purchase of service contracts, monitoring utilization and compliance with reporting and documentation requirements. The Fiscal & Support Unit also provides a range of support services for users of the Department's computer networks, including data entry, computer support and troubleshooting, network maintenance, and management of the Department's web site.

Finally, the unit prepares and submits to the State of Wisconsin a variety of service delivery and fiscal data, on both a client and Department level.

## 6.0 QUALITY ASSURANCE

Quality standards are to be established for each unit/program area. These standards should be consistent with the goals and objectives of the unit.

**6.1 Performance Evaluation** – The Board shall annually evaluate its performance. The Board shall annually evaluate the performance of the Director of the Department. The Board shall annually review the performance of each unit/program area. The Board shall also review annually the performance of its advisory committees. Performance standards shall be determined and benchmarks established for outcome reviews.

**6.2 Goal Achievement** – Achievement of desired outcomes or progress toward strategic goals shall be documented as part of the Department's annual report to the County Board of Supervisors.

**6.3 Customer Satisfaction** – From time to time the Board may authorize surveys or other measures of satisfaction within the community and among consumers regarding Department services rendered. This requirement may be satisfied in part by Board review of consumer satisfaction surveys required as a function of program certification. Summary data of any surveys used to assess customer satisfaction will become part of the record of the Board's proceedings as well as incorporated into the Department's annual report to the County Board of Supervisors.

**6.4 Consumer Grievance Procedures** – The Board has reviewed and has ratified the Department's Grievance Procedure, written in accordance with Chapter HFS 94, Wisconsin Administrative Code, "Client Rights".

## 7.0 STRATEGIC PLANNING

Goals and objectives for the Department will be reviewed and evaluated prior to and during the budget development process. Changes will be made as a result of this process to reflect accomplishment, continuing need, and the challenge of new directions. Each service unit will identify strategic goals for its target population on an annual basis.

## 8.0 BUDGET DEVELOPMENT

The budget process and role of the Board is outlined as part of the Public Participation Process required by the Wisconsin Department of Health and Family Services.

## 9.0 FINANCIAL MANAGEMENT

Board responsibilities include reviewing and approving the annual budget, monitoring the status of the budget throughout the year, establishing short and long range fiscal goals, monitoring the fiscal stability of the Department, assuring that Department assets are protected, and reviewing and approving action plans put forth by Department management to address fiscal issues.

**9.1 Reports** – Monthly financial reports shall be presented during regular meetings of the Board by the Department Director. These reports are to provide information on overall revenues and expenses and targeted cost centers, and are presented in addition to the summary report of monthly expenditures presented monthly by the Finance Subcommittee.



## 10.0 DEPARTMENT PERSONNEL

Management of the Department personnel is primarily the responsibility of the Health & Human Services Board and Director consistent with Adams County Personnel Policies and Procedures.

**10.1 Recruitment and Hiring** – The Director is responsible for the recruitment of staff to fill vacancies or to meet contract needs consistent with Adams County Personnel Policies and Procedures and consistent with policies and procedures regarding contracting for services.

**10.2 Labor Relations** – The handling of grievances is defined in the collective bargaining agreements and in the Adams County Personnel Policies and Procedures.

## 11.0 MANAGEMENT INFORMATION AND INFRASTRUCTURE DEVELOPMENT

The Board acknowledges the need for timely, accurate, and easy to understand information to have a well-run department. Six elements are acknowledged and are to be reviewed semi-annually:

1. Department functions are automated to the extent feasible.
2. The Department has the capability to plan for, develop, and implement new systems and applications, including the Department's web site.
3. The hardware and software resources are maintained in a manner that assures security, integrity, and accuracy of the data.
4. The Department properly manages the daily operations of data processing, data entry, scheduling, procurement, and report preparation.
5. The Department has the capability to train all individuals in the system.
6. The system provides for the development and maintenance of ongoing and *ad hoc* reports necessary for the efficient and effective performance of the Department.

**11.1 Data Processing Requests** – The County Review Committee controls the purchase and acquisition of all new hardware and software. The Board must approve Department requests and forward them to the Review Committee for action. The Board is also responsible for approving an annual budget for hardware, software, and maintenance for inclusion in the budget submitted by the Review Committee.

**11.2 Internet Access** – All staff internet access is governed by the county Electronic Use Policy, which includes provisions for monitoring of internet and e-mail, and includes sanctions for violations.

## 12.0 DEPARTMENT POLICY STATEMENTS

The Board acknowledges the need from time to time for the development of Department policies and procedures. New policies may be developed, current policies amended, or old policies vacated by a majority action of the Board at a regular or special meeting.

## 13.0 BY-LAW CHANGES AND/OR AMENDMENTS

The By-Laws of the Health & Human Services Board may be changed or amended at any time following introduction at a regularly scheduled meeting of the Board by a majority vote of those members present. Amendments to the by-laws will be forwarded to the County Rules Committee for review.

# HEALTH & HUMAN SERVICES DEPARTMENT

## Board Member Duties and Responsibilities

### I. Qualifications

As provided in Wisconsin Statutes and County Board Rules, the Health & Human Services Board shall be composed of nine (9) persons of recognized ability and demonstrated interest in health and human services. No public or private provider of health and human services to the county may be appointed to the Board.

### II. Membership Summary

The Board has primary responsibility for oversight of the provision of a full range of comprehensive services by the county department, a legal entity established by state law.

The Board is responsible for the efficiency and effectiveness of the Department. The Department's provision of sound, efficient, and effective services is dependent upon the Board's development of constructive policies, the recruitment of the director and adequate staff in numbers and caliber, provision of sufficient financing, and fostering of community understanding and interagency cooperation.

The Board plays a vital part in the process of administration by providing and opportunity for the discussion and resolution of policy issues presented in the course of Board meetings.

The Board makes the needs of the Department known to county government and to the general public. Members have an important part in defining policies which establish the goals of the Department and guide its operation.

In the performance of its function, the Board operates within the strictest legal and ethical standards regarding the privacy and confidentiality of client and employee information, while complying with the requirements of the Wisconsin Open Meetings Law (s. 19.81-19.98, Wisconsin Statutes). In addition, Board members will uphold and support the Health & Human Services Code of Ethics.

### III. Duties & Responsibilities

A. Appoint and supervise, in compliance with Adams County Personnel Rules, a Director who serves as the executive officer and manages the Department.

1. Assure a recruitment process that enables qualified individuals to apply.
2. Develop criteria which will identify the best applicant to meet the Department's needs.
3. Support a compensation package commensurate with expectations and responsibilities, within the salary structure of Adams County.
4. Require effective and efficient leadership of the Department.
5. Conduct an annual performance evaluation of the Director.

B. Establish policies, consistent with state and federal laws, to enable the Director to manage day-to-day Department operations.

- C. Provide consultation to the Director on county citizen services needs and assure adequate, effective, and efficient services are provided.
  - 1. Determine the range and level of services required by county citizens consistent with applicable state plans.
  - 2. Assure a system exists to monitor and evaluate program compliance with standards and expectations.
  - 3. Establish procedures for citizens to express their opinions and make suggestions.
  - 4. Review Department data on service requests, delivery, and trends.
  - 5. Assure that procedures exist for Department clients to assess programs' effectiveness.
  - 6. Review programs and resources available to clients for compatibility with Department policies.
  - 7. Establish program priorities based on service needs and available resources.
  - 8. Appoint advisory Committees and Subcommittees as provided by statutes or rules.
- D. Consult with the Director in preparation of the Department budget and support its passage in subsequent Board and County Board reviews.
  - 1. Obtain knowledge regarding Department program revenues and expenditures.
  - 2. Support the efforts of the Department to secure revenues to fund needed county services.
  - 3. Inform constituency, including County Board Supervisors, interest agencies, advocacy groups, and individuals about services needs and funding.
- E. Work with the Director to provide public education.
  - 1. Become knowledgeable about the number of people served, problems presented, intervention methods, and program results.
  - 2. Be available to talk to and interpret Department needs to county individuals and organizations.
  - 3. Work to improve the effectiveness, efficiency, and quality of Department programs to assure client and taxpayer satisfaction.

# HEALTH & HUMAN SERVICES CODE OF ETHICS

The Health & Human Services Department should:

1. Address the fundamental causes of disease, dysfunction, and impoverishment aiming to promote the achievement of positive outcomes and the prevention of adverse outcomes.
2. Achieve community intervention goals in a way that respects the rights of individuals in the community.
3. Develop and evaluate policies, programs, and priorities through processes that assure an opportunity for input from community members and individuals utilizing the services of the Department.
4. Advocate for and promote the empowerment of disenfranchised community members, aiming to assure that the basic resources and conditions necessary for health and well being are accessible to all.
5. Seek the information necessary to implement effective and efficient policies and programs that protect and promote health and well being.
6. Provide communities with sufficient information to make knowledgeable decisions regarding policies or programs and solicit input regarding their implementation.
7. Act in a timely manner on information received, within the resources and mandates given by the public.
8. Incorporate a variety of approaches that anticipate and respect the various values, beliefs, and cultures in the community.
9. Implement policies and programs in a manner that most enhances the physical and social environment of those receiving
10. Protect the confidentiality of information that can bring harm to an individual or community if made public.
11. Assure the professional competence of their employees through recruitment practices and policies regarding continuing education.
12. Engage in collaborations and affiliations in ways that build the public's trust and the Department's effectiveness and enhance the quality of life for the citizens of the county.

# COUNTY BOARD OF SUPERVISORS

## Health & Human Services Board

5 County Board Supervisors  
1 Registered Nurse  
1 Physician  
1 Consumer/Family Member  
1 Senior Citizen

## Veteran's Services Committee

Commission on  
Veterans  
3 veterans

### Functions as:

Health Board  
Commission on Aging

### Standing Subcommittees

#### Finance

4 County Board Supervisors  
Citizen Member

#### Service Evaluation

5 Members (unspecified)

#### Human Resources

2 County Board Supervisors  
1 Citizen Member  
DHSS Director/Deputy  
Unit Manager

### Advisory Committees

#### Aging Advisory

5 Senior Citizens  
Aging Director  
DHHS Director/Deputy

#### Nutrition Advisory

9 Program Participants  
Aging Director  
DHHS Director/Deputy  
County Board Supervisor

#### Long Term Support Advisory

5 Consumers  
2 County Board Supervisors  
Health Department rep.  
DHHS Director/Deputy  
Aging Director  
3 Service Providers

#### W-2 Steering

2 County Board Supervisors  
10-13 Business Reps.

#### Youth Services

Community Children's  
Concerns Committee  
(4-C's) membership

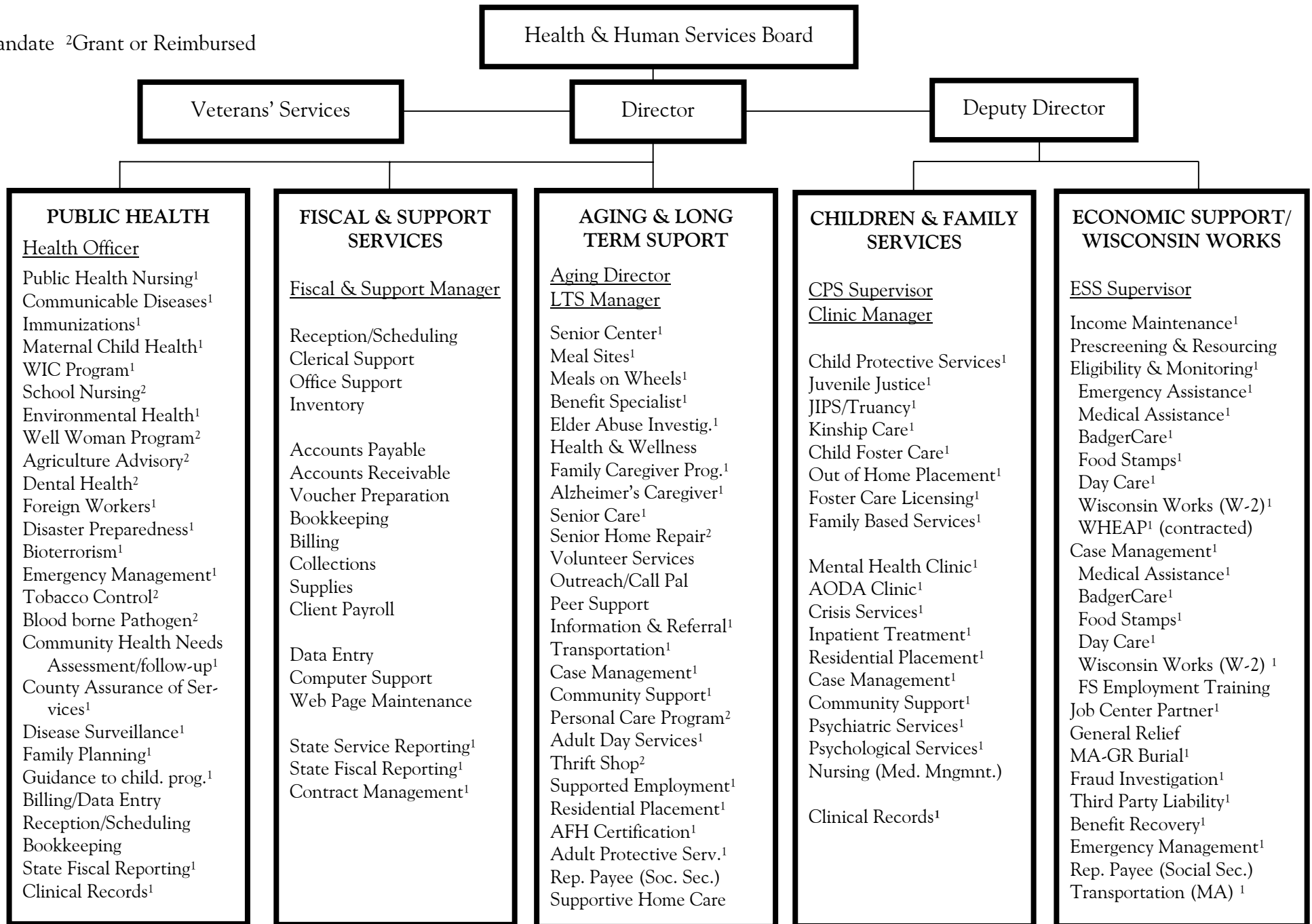
#### Mental Health/AODA

DHHS Director/Deputy  
Clinical Services Mgr.  
Youth Services Manager  
Health Officer  
Veteran's Service Officer  
Sheriff's Dept. Rep.  
Hospital Representative  
United Way/211 Rep.  
Salvation Army Rep.  
Red Cross Representative  
Faith Community Rep.  
NAMI-Adams Rep.  
AA/NA Representative  
Consumer Representatives  
CWCAC Representative  
Domestic Violence Coord.  
County Board Supervisor

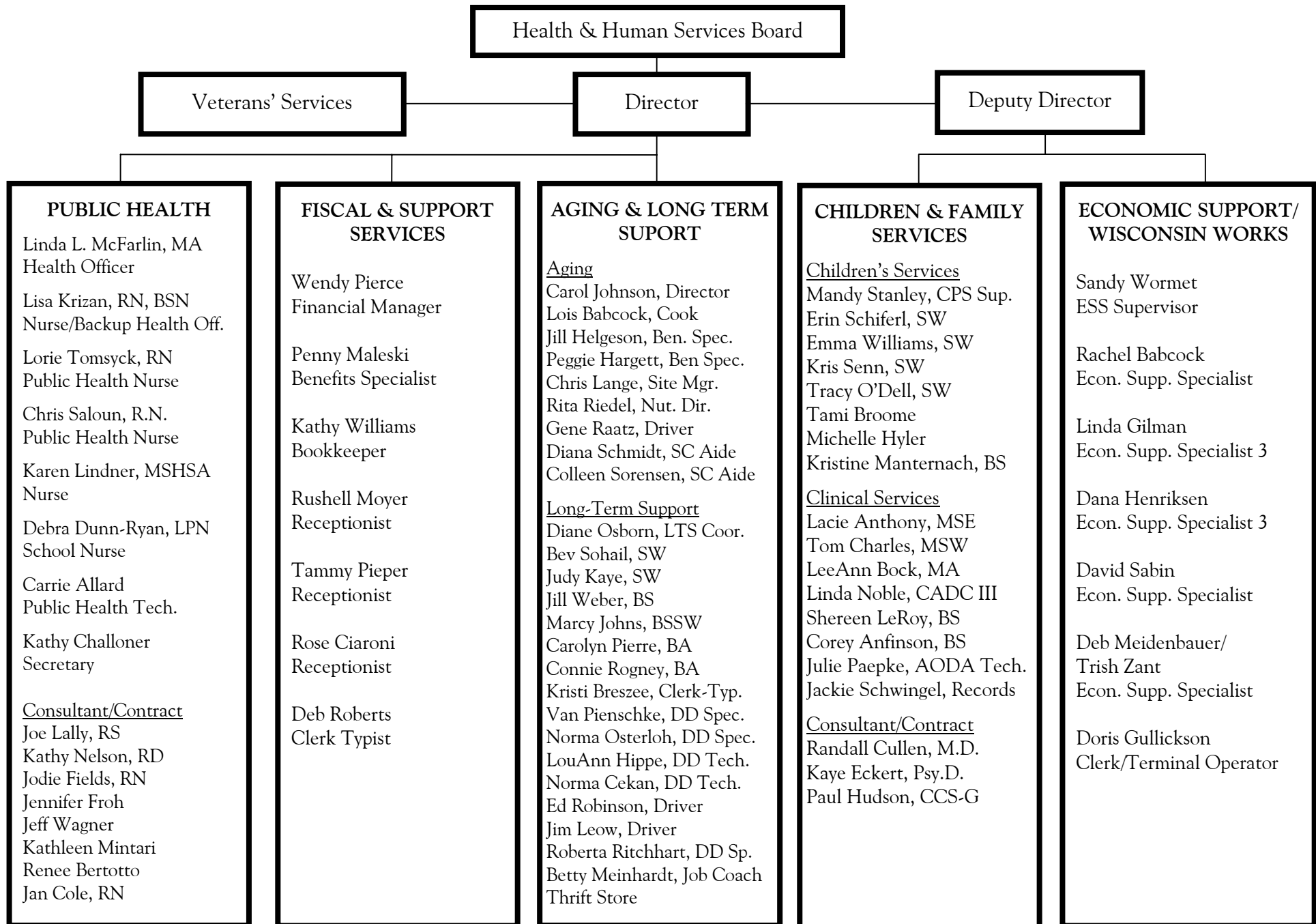
Approved by Implementation Committee: 10 December 2004

# HEALTH & HUMAN SERVICES DEPARTMENT TABLE OF ORGANIZATION

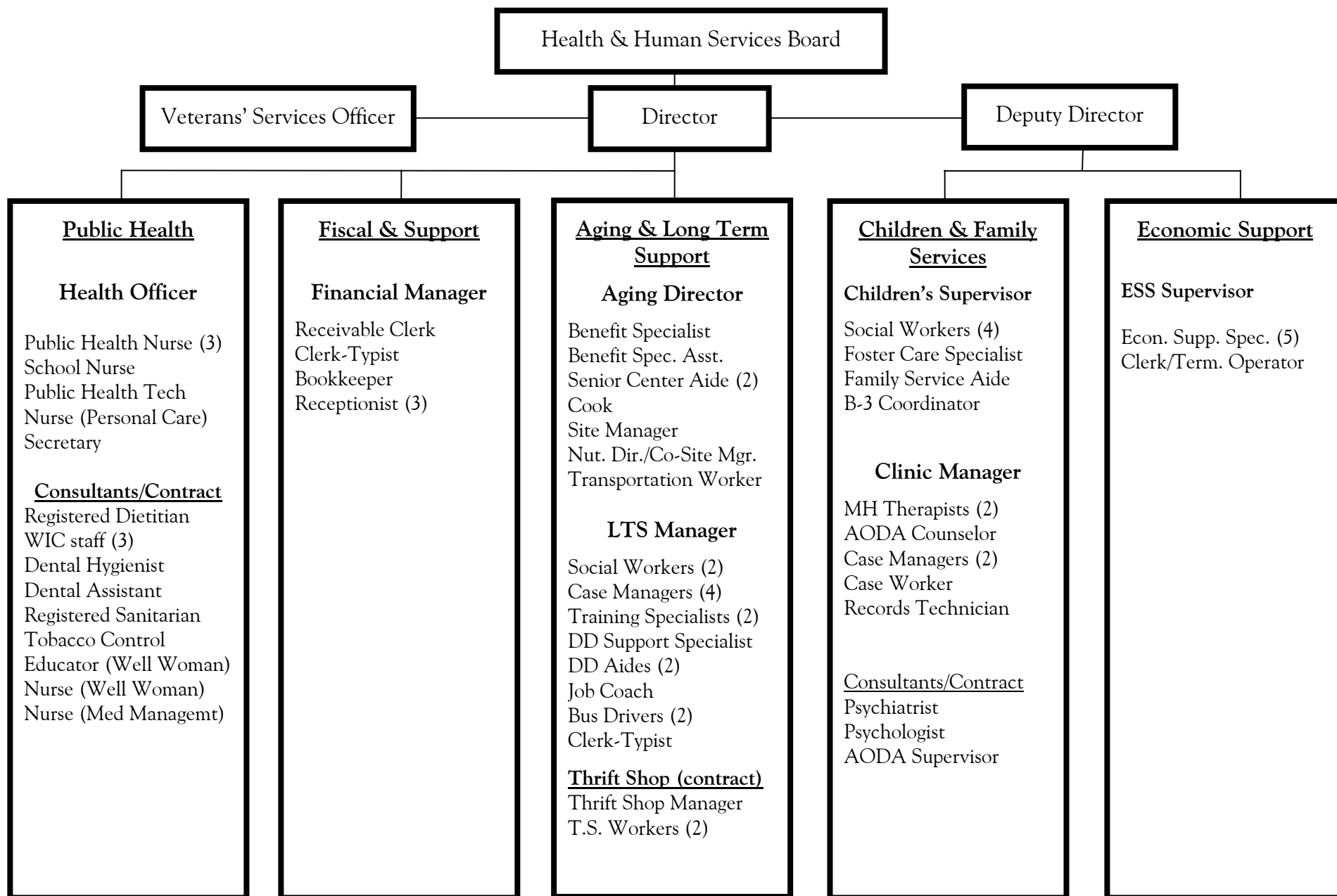
<sup>1</sup>Mandate <sup>2</sup>Grant or Reimbursed



# HEALTH & HUMAN SERVICES DEPARTMENT TABLE OF ORGANIZATION



# HEALTH & HUMAN SERVICES DEPARTMENT TABLE OF ORGANIZATION



Approved by Implementation Committee: 5 November 2004



## HEALTH & HUMAN SERVICES IMPLEMENTATION COMMITTEE

6 October 2004

The meeting was called to order at 1:30 P.M. Present were Committee members Larry Babcock, Maureen Bruce, Martha Karbowski, Joyce Kirslenlohr, Jerry Kotlowski, Cynthia Loken, Charles Rath, and Beverly Ward. Committee member Robert Beaver was excused. Also present were Linda L. McFarlin, M.S.N., Health Officer, Richard C. Holt, Director of the Department of Aging, Health, & Social Services, and Eric G. Furtkamp, Ph.D., Director of the Department of Community Programs.

**Election of Officers** – A motion was made by Mr. Kotlowski and seconded by Ms. Kirslenlohr to nominate Mr. Rath as Committee Chairperson. Hearing no more nominations, a motion was made by Ms. Ward and seconded by Mr. Babcock to close nominations and cast a unanimous ballot for Mr. Rath. Voice vote, all in favor. Motion Carried.

A motion was made by Mr. Kotlowski and seconded by Ms. Ward to nominate Mr. Babcock as Vice Chairperson. Hearing no more nominations, a motion was made by Ms. Ward and seconded by Ms. Bruce to close nominations and cast a unanimous ballot for Mr. Babcock. Voice vote, all in favor. Motion Carried.

Mr. Rath inquired whether the election of a Committee Secretary was essential, or whether a member of the staff might be assigned to record the minutes. After brief discussion, Mr. Rath asked that Dr. Furtkamp record the minutes of the meetings.

**Discussion of Requirements of Implementation Plan** – The Committee members reviewed the elements of an implementation plan and the steps involved in the implementation of that plan, as outlined in a document from the State of Wisconsin entitled “*Human Services Department Guidelines*”. There was considerable discussion surrounding the establishment and composition of a Health & Human Services Committee, with particular emphasis on the representation within Committee membership of various constituent groups, and the experience of the various departments in recruiting citizen members. It was suggested that this topic might be considered to be more within the purview of the Rules Committee, especially in the areas of successor committees, representation of the various groups and populations, and the method of establishing the committee, but some members expressed a desire to make recommendations to the Rules Committee as part of a final implementation plan.

**Identification of Priorities and Discussion of Process for Committee Review** – There was a brief discussion regarding the priority issues facing the Implementation Committee. It was the consensus of the Committee that most fiscal issues, including an integrated budget and consolidated (state) aids, could not be resolved fully until the Fiscal Year 2006 budget. Likewise, integration of computer systems, both locally and at the State level (Human Services Reporting System and Community Aids Reporting System), would require more the 90 days to implement. The Committee identified the construction of the framework of an implementation plan, with target dates, as the first priority. It was the consensus of the Committee that the first components of that plan should be the recommendation to the Rules Committee regarding the Health & Human Services Committee, a table of organization for the new department, and a plan for utilization of the building, including designation of reception area(s) and staff office groupings.

In the context of the development of an implementation plan, the Committee considered the process by which recommendations would be developed and brought to the Committee. It was recommended that an Implementation Team be formed of key staff from the various departments involved, that they meet regularly in order to prepare material for Committee review, and that the members of the Implementation Team be charged with the responsibility of meeting with staff in their respective areas to solicit input to the imple-

mentation plan. It was the consensus of the Committee that the Implementation Team be formed and begin work at the earliest possible time.

**Establishment of Time Line for Implementation Plan Submission** – The Committee discussed the time frame established in the resolution that approved the feasibility study and authorized creation of the Implementation Committee. While a 90-day target for the presentation of an implementation plan appears, on the surface, to be optimistic, it was noted that Waushara County followed a very similar timetable, beginning work in September 2000 and implementing a Human Services Department on 1 January 2001. The plan developed by Waushara County projected completion of consolidation plans within six months of beginning operations as a Human Services Department.

In addition, a question was raised regarding the status of the State's review of the Feasibility Study, which was submitted to the Area Administrator of the Southern Region of the Department of Health & Family Services by the Corporation Counsel. The Chairperson directed Dr. Furtkamp to follow up with the Area Administrator.

**Committee Discussion – Identification of other potential agenda items for future meetings** – The Committee requested that the framework of an implementation plan with time lines and target dates be presented at the next meeting. In addition, following discussions with the Area Administrator, resolutions requesting consolidation of (state) aids and personnel delegation might be prepared for Committee review.

The Committee also discussed future meetings, and established the following dates: 25 October 2004 at 9:30 A.M., 5 November 2004 at 9:30 A.M., 29 November 2004 at 9:30 A.M., and 10 December 2004 at 1:00 P.M. The meetings will be held in Courthouse Room A260.

**Adjournment** – A motion was made by Ms. Ward and seconded by Mr. Kotlowski to adjourn until 25 October 2004. Voice vote, all in favor. Motion Carried.

Respectfully Submitted,

Eric G. Furtkamp, Ph.D.

HEALTH & HUMAN SERVICES IMPLEMENTATION COMMITTEE  
25 October 2004

The meeting was called to order at 9:30 A.M. Present were Committee members Larry Babcock, Maureen Bruce, Martha Karbowski, Joyce Kirsenlohr, Jerry Kotlowski, Cynthia Loken, Charles Rath, and Beverly Ward. Committee member Robert Beaver was excused. Also present were Linda L. McFarlin, M.A., Health Officer, Richard C. Holt, Director of the Department of Aging, Health, & Social Services, and Eric G. Furtkamp, Ph.D., Director of the Department of Community Programs and Implementation Director.

**Review of Sections I to V of the Implementation Plan Draft** – The Committee members reviewed the first five sections of an implementation plan draft. These sections included: Background, Implementation Steps, Mission Statement, Statement of Goals and Objectives, and Statement of Assurances and Maintenance of Effort. The Implementation Steps included projected target dates for completion, with the time line for completion of the plan itself set at 10 December 2004, public hearing on the plan on 6 January 2005, consideration by the County Board of Supervisors on 18 January 2005, and creation of a Department of Health & Human Services (and related actions) by the County Board on 15 February 2005. It is projected that some elements, such as combination of fiscal/data systems, will not be accomplished until the end of 2005. After discussion, Mr. Holt scheduled the public hearing for 5:00 PM to 7:00 PM at the Adams County Community Center. After further discussion, a motion was made by Ms. Ward and seconded by Ms. Bruce to approve the first five sections of the Implementation Plan. Voice vote, all in favor. Motion Carried.

**Review of First Draft of Health & Human Services Committee By-Laws** – There was an extended discussion of the structure of the governing committee as recommended by the Feasibility Study Committee. In their plan, there would be 11 members on the Committee. In light of the statutes pertinent to the composition of a Health Board, it would be necessary to appoint only three of the five citizen members to the Health Board. It was suggested that the cohesive functioning of the Health & Human Services Committee might be better served by a 9 member Committee, rather than considering two distinct classes of citizen members. After further discussion, it was the consensus of the Committee that a 9 member Health & Human Services Committee be recommended, and that it consist of 5 County Board Supervisors and 4 citizen members, and authorized revision of the draft by-laws to reflect that composition.

**Discussion of and Action on Proposed Department Unit and Function Structure** – The Committee considered the unit structure of the Health & Human Services Department as proposed. There would be five units: Public Health, Aging & Long Term Support, Children and Family Services, Economic Support and Wisconsin Works, and Fiscal and Support Services. A table of organization which enumerated the functions of each unit was reviewed. During the discussion, a question was raised regarding the reception and telephone systems; specifically, whether the direct dial issue had yet been resolved. This issue was raised shortly following the installation of the new telephone system, and attempts have been made by both the County Clerk's office and the MIS Department to resolve the problem with both the vendor of the system and the telephone company. The Committee asked Dr. Furtkamp to follow up.

Mr. Rath asked that the unit and function chart be revised to include additions from the Aging Department and to reflect which listed activities could be considered mandates. After brief discussion, a motion was made by Mr. Babcock and seconded by Mr. Kotlowski to approve the structure of the Health & Human Services Department as presented, with the functions listed by the Aging Department added. Voice vote, all in favor. Motion Carried.

**Committee Discussion – Identification of other potential agenda items for future meetings** – Dr. Furtkamp apologized to the Committee for overlooking the review and approval of the 6 October 2004 minutes in drafting the agenda, and assured the Committee that approval of minutes would appear on subsequent agendas. In addition, the following items were slated for the 5 November 2004 meeting: an ethics statement, a description of duties and responsibilities of Committee members, a “final” draft of the proposed by-laws, and a report on a general staff meeting scheduled for 27 October 2005 and the ongoing Implementation Team meetings.

**Adjournment** – A motion was made by Mr. Kotlowski and seconded by Ms. Kirsenlohr to adjourn until 6 November 2004. Voice vote, all in favor. Motion Carried.

Respectfully Submitted,

Eric G. Furtkamp, Ph.D.  
Implementation Director

HEALTH & HUMAN SERVICES IMPLEMENTATION COMMITTEE  
5 November 2004

The meeting was called to order at 9:30 A.M. Present were Committee members Larry Babcock, Maureen Bruce, Martha Karbowski, Joyce Kirslenohr, Jerry Kotlowski, Cynthia Loken, Charles Rath, and Beverly Ward. Committee member Robert Beaver was excused. Also present were Richard C. Holt, Director of the Department of Aging, Health, & Social Services and Eric G. Furtkamp, Ph.D., Director of the Department of Community Programs and Implementation Director.

**Review and Approval of Minutes of 6 and 25 October 2004 Meetings** – A motion was made by Ms. Kirslenohr and seconded by Mr. Kotlowski to approve the minutes of the 6 October and 25 October 2004 meetings. Voice vote, all in favor. Motion Carried.

**Report on Implementation Team and General Staff Meetings** – There was an extended discussion regarding the informational meeting with the affected staff and the planning meetings of the Implementation Team. The common assessment of the general staff meeting was that it was positive on the whole, with staff expressing continuing concern that their jobs would change significantly or that positions would be eliminated. After discussion which reiterated the intent to make as few changes as possible in job duties and to comply with the statutory requirements {s. 46.23(d)} that no staff lose seniority, status or benefits, it was recommended that some members of the Implementation Committee, particularly County Board Supervisors, attend the next general staff meeting, scheduled for 30 November 2004 at 2:00 P.M. in the Social Services Conference Room.

Mr. Holt and Dr. Furtkamp discussed the ongoing efforts of the Implementation Team to work through the myriad details of consolidation. The two priorities at this time are the specific locations of units and staff within the building and the reception, intake, and operator (switchboard) functions of the new department. Part of the discussion involved the question of the optimal system for managing active client/customer records and for storing closed client/customer and financial records as required in statute. A number of alternatives were discussed including: reallocation of existing space, creation of new space by remodeling or by building expansion, and electronic data storage systems. The Committee directed staff to pursue with the MIS Department the costs, advantages, and disadvantages of an electronic system for storage and retrieval. It was noted that such a system could be labor-intensive, especially in scanning inactive records, given the volume, and discussed a number of options available to complete such a project.

Mr. Holt reported to the Committee the issues discussed in a group he convened to study the issues of reception, intake, and operator functions. That group, following general discussions of effectiveness, efficiency, and confidentiality, began an assessment of the call volume to the affected departments on an average day, and has scheduled visits to other similar counties to view firsthand their processes and to solicit from staff at those locations their assessments of the benefits and drawbacks inherent in their particular systems.

**Review of Final Draft of Health & Human Services Committee By-Laws, Ethics Statement, and Committee Member Duties and Responsibilities** – The Committee reviewed the proposed ethics statement. After brief discussion, a motion was made by Ms. Ward and seconded by Ms. Bruce to approve the ethics statement as presented. Voice vote, all in favor. Motion Carried.

The Committee considered the revisions to the Health & Human Services Committee By-Laws, including the modifications recommended at the 25 October meeting as well as the sections which had not at that time been completed and suggestions by members of the Implementation Team. A number of points were

clarified for Committee members, and potential modifications were discussed in relation to the rationale for inclusion and the prospective utilization of the document. The mission statement was reworked to include the population focus of public health and the authorization included the chapter in the statutes relating to public health, as requested by Ms. McFarlin. The description of the Children and Family Services unit was amended to include specific reference to juvenile justice, at the request of Ms. Stanley. In response to a question regarding the voting status of citizen members, Mr. Holt suggested that the word “voting” be inserted in the first sentence of Section 2.0, Membership. In the context of the discussion of subcommittee and advisory committee structure, Mr. Rath recommended that a chart be developed as a quick visual reference. After brief discussion, a motion was made by Ms. Ward and seconded by Mr. Kotlowski to approve the By-Laws of the Health & Human Services Committee, as amended to include the changes noted above. Voice vote, all in favor. Motion Carried.

The Committee reviewed the Committee Member Duties and Responsibilities draft. It was noted that the headings did not list responsibilities, and it was proposed that the third heading be retitled “Duties and Responsibilities”. It was also noted that there was no specific reference to the maintenance of confidentiality or to the ethics statement, and a statement for inclusion in the Membership Summary section was recommended. A motion was made by Mr. Babcock and seconded by Ms. Bruce to approve the Committee Member Duties and Responsibilities document, as amended to include the changes noted above. Voice vote, all in favor. Motion Carried.

**Discussion of and Action on Proposed Department Table of Organization** – The Committee reviewed a draft table of organization which included the assignment of staff by job titles to the units previously approved. A handful of job titles/consultants were discussed specifically because their roles could be deemed appropriate to more than one organizational unit, and the rationales for the Implementation Team’s recommendation were reviewed. After further discussion, a motion was made by Mr. Babcock and seconded by Mr. Kotlowski to approve the DHHS table of organization as proposed. Voice vote, all in favor. Motion Carried.

**Committee Discussion – Identification of other potential agenda items for future meetings** –The following items were slated for the 29 November 2004 meeting: review of proposed job descriptions for the management/supervisory staff of the DHHS and updates regarding meetings with the Corporation Counsel and Local 1168 officers regarding those positions; specific office assignments within the new Department and description of remodeling/renovations requested to be forwarded to the Property Committee for consideration; continued discussion of alternative strategies for records storage and consolidation, including electronic document storage solutions; and a report on the ongoing unit staff meetings and Implementation Team meetings.

**Adjournment** – A motion was made by Mr. Kotlowski and seconded by Ms. Kirsenlohr to adjourn until 29 November 2004. Voice vote, all in favor. Motion Carried.

Respectfully Submitted,

Eric G. Furtkamp, Ph.D.  
Implementation Director

HEALTH & HUMAN SERVICES IMPLEMENTATION COMMITTEE  
29 November 2004

The meeting was called to order at 9:30 A.M. Present were Committee members Larry Babcock, Robert Beaver, Martha Karbowski, Joyce Kirslenlohr, Cynthia Loken, Charles Rath, and Beverly Ward. Committee members Maureen Bruce and Jerry Kotlowski were excused. Also present were Linda L. McFarlin, RN, BSN, MA, Health Officer, Richard C. Holt, Director of the Department of Aging, Health, & Social Services and Eric G. Furtkamp, Ph.D., Director of the Department of Community Programs and Implementation Director.

**Review and Approval of Minutes of 5 November 2004 Meeting** – A motion was made by Ms. Ward and seconded by Ms. Kirslenlohr to approve the minutes of the 5 November 2004 meeting. Voice vote, all in favor. Motion Carried.

**Report on Implementation Team and General Staff Meetings** – There was a brief discussion regarding the planning meetings of the Implementation Team. Committee members were reminded of the next general staff meeting, scheduled for 30 November 2004 at 2:00 P.M. in the Social Services Multi-Purpose Room.

Mr. Holt, Ms. McFarlin, and Dr. Furtkamp discussed the ongoing efforts of the Implementation Team to work through the details of consolidation. The tasks of assigning staff and units within the building and the separation of reception and call-handling functions have essentially been completed. The next areas the Implementation Team will address are the coordination of a transportation system, movement toward a unified intake system, and records management and storage.

**Continue Review of Sections of Implementation Plan Draft** – The Committee reviewed the first eleven sections of the Implementation Plan. Minor changes were made in the first four sections to: clarify the status of the Veterans' Service Office, edit the mission statement, standardize the references to a Health & Human Services Department, identify the governing body as the Health & Human Services Board in line with statute, and acknowledge the authority of the Health & Human Services Board to appoint the Director. Section V (Statement of Assurances and Maintenance of Effort) was unchanged from the prior review.

The Committee reviewed Sections VI (Governance), VII (Organizational Structure), VIII (Physical Plant Utilization), IX (Fiscal System), X (Personnel), and XI (Technical Assistance). In the review, Committee members asked questions regarding the purpose and content of some of the sections, and were provided with rationales and explanations. Discussion of the Fiscal System section elicited questions regarding the time table for creation of a new, single fund for department operations and corresponding chart of accounts, given current plans to solicit bids for County auditing services in June of 2005. Committee members were assured that this phase of the consolidation would be completed at that point, since preparation of the 2006 budget would begin shortly thereafter.

It was noted by Committee members that the proposed governance of the Health & Human Services Department would require a number of changes to the County Board Rules and, therefore, review by the Rules Committee, and it was suggested that a meeting of that Committee be requested at the earliest convenient date. In discussing the public comment and County Board review processes, it was suggested that materials be sent to County Board Supervisors after the 10 December 2004 meeting, so that they would have the opportunity to attend the public hearing as well as have adequate time to review the plan prior to considering it at the January 2005 meeting of the County Board of Supervisors. It was noted that inviting County Board Supervisors to the public hearing would require posting a meeting notice indicating that County Board Su-

pervisors might be present but that no business would be transacted. It was also suggested that County Department Heads be given some information (e.g. the Implementation Plan itself) so that they would be aware.

A motion was made by Mr. Beaver and seconded by Mr. Babcock to approve the first eleven sections of the Implementation Plan as presented. Voice vote, all in favor. Motion Carried.

**Discussion of Process for Recruitment of Citizen Members to Health & Human Services Board** – The issue of how citizen members would be recruited, which was discussed in an earlier meeting by the Committee in the context of governance, has arisen on the Community Programs Committee. The Implementation Committee members reviewed the required representation on a Health & Human Services Board: one physician, one Registered Nurse, one individual with demonstrated interest or competence in the field of public health or community health, and one individual who is a consumer or a family member of a consumer of a Department delivered service. In addition, the Implementation Committee has recommended that one citizen member be of recognized ability and demonstrated interest in services for older individuals. It was noted that any one citizen member could meet more than one of the requirements. Efforts are under way to recruit a physician for Board membership. After discussion, it was the consensus of the Committee that an advertisement soliciting letters of interest from prospective Board members (including physicians and nurses) be drafted for the 10 December 2004 Committee meeting, and that both newspaper and radio advertisements (or press releases) be prepared for promulgation after the Implementation Plan is approved.

**Discussion of Optical Imaging System for Records Storage** – The Committee continued the discussion of records storage options. Mr. Holt and Dr. Furtkamp described to the Committee the opportunity they had (with Wendy Pierce, Financial Manager from Community Programs) to view the imaging in place in the office of the Register of Deeds office. That system allows the scanning and electronic storage of documents on an optical server using software customized for the specific application. Jodi Helgeson, the Register of Deeds, demonstrated the process of storage and retrieval and described the hardware and software necessary for the system to operate. Staff left that meeting with a number of impressions, including: ① the cost of the scanner, server, optical platters, and software could easily exceed \$100,000; ② the process of creating the retrieval data table structure would require substantial training from the software vendor and a significant investment of staff time; ③ using the system would be a staff-intensive undertaking, since each document would need to be named and catalogued for retrieval purposes; ④ implementation of such a system would not be a “quick fix” for the storage problem; and ⑤ that said, the system would meet the record retention and storage needs of the Health & Human Services Department for years to come. After extended discussion, it was recommended that the Implementation Team form an *ad-hoc* group to consider the range of records storage options, including electronic/optical, on-site, and off-site storage alternatives.

**Review of and Action on Job Descriptions for Management Staff** – The Committee considered draft job descriptions for the following positions: Director, Deputy Director, Health Officer, Fiscal and Support Services Manager, Youth Services Manager, Clinical Services Manager, Long Term Support Manager, and Economic Support Manager. The Aging Director job description was not completed when the materials were mailed to Committee members, and will be considered at a later date. The Personnel Director has received the drafts, has not had the opportunity to complete a thorough review, but has recommended that each job description include: ❶ specific reference to participation in recruiting, hiring, and discipline of staff, ❷ differentiation between required and desired qualifications, and ❸ mention in the qualifications section of familiarity and/or proficiency in specific software packages or programs. After discussion, a motion was made by Mr. Beaver



and seconded by Ms. Loken to approve the eight job descriptions presented in principle and forward them to the Corporation Counsel/Personnel Director for technical review and to the Personnel Committee for review and approval. Voice vote, all in favor. Motion Carried.

**Discussion of and Action on Proposed Office Assignments** – The Committee reviewed plans for the reorganization of units and staff within the North Street site, and a description of proposed building modifications required in order to accomplish the plan. In discussing the remodeling, Committee members expressed the opinion that an engineering survey would assist in addressing such issues as air handling, ventilation, heating, and lighting, and in identifying other variables which must be considered.

Two potential sources of funds for remodeling were discussed. The Community Programs Committee will consider at the 13 December 2004 meeting a request to establish a non-lapsing account for remodeling, using a refund from the State of Wisconsin for institutional care provided and paid for by the County in previous years. Mr. Holt will seek clarification from the Finance Committee concerning the status of a non-lapsing rollover account created in 2000 using unrestricted funds earned through the Wisconsin Works program.

It was the consensus of the Committee that the office plan was acceptable (subject to modification), and it was recommended that Mr. Holt and Dr. Furtkamp prepare a list of projects, in priority order and with rationale, for presentation to the Property Committee as soon as practicable.

**Committee Discussion – Identification of other potential agenda items for future meetings** –The following items were slated for the 10 December 2004 meeting: review of proposed job description for the Aging Director position; advertisements/press releases for the recruitment of Health & Human Services Board citizen members; updates regarding general staff and Implementation Team meetings, meetings with Property and Review Committees, and status of *ad-hoc* work groups; and a “final” draft of the Implementation Plan for publication and solicitation of public comment. The Committee also scheduled a meeting for 10 January 2005 at 1:00 P.M. in Courthouse Room A260 for the purposes of reviewing public comment regarding the Implementation Plan, completing any outstanding Committee tasks, and preparing the requisite resolutions for consideration by the County Board of Supervisors.

**Adjournment** – A motion was made by Mr. Beaver and seconded by Ms. Kirsenlohr to adjourn until 10 December 2004 at 1:00 P.M. in Courthouse Room A260. Voice vote, all in favor. Motion Carried.

Respectfully Submitted,

Eric G. Furtkamp, Ph.D.  
Implementation Director

## HEALTH & HUMAN SERVICES IMPLEMENTATION COMMITTEE

10 December 2004

The meeting was called to order at 1:00 P.M. Present were Committee members Larry Babcock, Maureen Bruce, Jerry Kotlowski, Martha Karbowski, Joyce Kirsenlohr, Cynthia Loken, Charles Rath, and Beverly Ward. Committee member Robert Beaver arrived during the discussion of the approval of the Implementation Plan. Also present were Linda L. McFarlin, RN, BSN, MA, Health Officer, Richard C. Holt, Director of the Department of Aging, Health, & Social Services and Eric G. Furtkamp, Ph.D., Director of the Department of Community Programs and Implementation Director.

**Review and Approval of Minutes of 29 November 2004 Meeting** – Ms. Ward noted an error in identifying who made the motion to adjourn. A motion was made by Ms. Karbowski and seconded by Ms. Loken to approve the minutes of the 29 November 2004 meeting, amended to indicate the motion to adjourn was made by Mr. Beaver. Voice vote, all in favor. Motion Carried.

**Report on Implementation Team and General Staff Meetings** – There was a brief discussion regarding the planning meetings of the Implementation Team. Those Committee members who attended the general staff meeting on 30 November discussed their perceptions.

Mr. Holt, Ms. McFarlin, and Dr. Furtkamp discussed the ongoing efforts of the Implementation Team to work through the details of consolidation, and the appointment of three *ad hoc* committees of staff members. The areas (the coordination of a transportation system, movement toward a unified intake system, and records management and storage) have been discussed both by the Committee and Implementation Team on many prior occasions. It was also noted that consolidation of representative payee functions is on track to be accomplished by the end of January 2005.

Committee members were again invited to attend the next general staff meeting, scheduled for 10:00 a.m. on Wednesday, January 19, 2005, in the Social Services Multi-Purpose Room.

**Review of Materials for Recruitment of Citizen Members to Health & Human Services Board** – The Committee reviewed a draft notice to be published in the official County newspaper and a document with which interested parties could petition the Health & Human Services Board for membership as a citizen representative. The process for requesting appointment to the Board as a citizen member would include completion of a form (Expression of Interest form), which identifies the group(s) an individual would represent on the Board and indicates availability, and submission of a letter explaining the individual's interest in serving.

During the discussion, the Committee considered the timetable for appointment of a Health & Human Services Board, and the optimal dates for publication and review of "application" materials. It was concluded that the notice should be published on January 12 and 19, 2005, and that materials should be received in the office of the Corporation Counsel by the close of business on January 28, 2005. The Committee meeting in February 2005 would include a review of the materials received and a recommendation to the Chairperson of the County Board of Supervisors regarding appointment of citizen members.

**Review of and Action on Job Description for Aging Director** – The Committee considered draft job descriptions for the Aging Director position. After discussion, a motion was made by Ms. Ward and seconded by Mr. Babcock to approve the job description presented in principle and forward them to the Corporation

Counsel/Personnel Director for technical review and to the Personnel Committee for review and approval. Voice vote, all in favor. Motion Carried.

**Discussion of and Action on Modifications to By-Laws and Advisory Committee Structure** – The Committee reviewed and discussed two proposed advisory committees: Youth Services and Mental Health/AODA/Crisis. These were proposed to provide a formal avenue for input on issues affecting these populations, especially in light of the probability that those groups will most likely not have direct representation on the Health & Human Services Board. It was proposed that an existing group, the Community Children's Concerns Committee (known locally as the 4-Cs), serve as the Youth Services Advisory Committee. A similarly broad membership was proposed for the to be created Mental Health/AODA/Crisis Advisory Committee, including law enforcement, private service organizations, churches/faith-based groups, not-for-profit corporations, consumers, self-help groups, Moundview Memorial Hospital, and staff from various units of the Health & Human Services Department. Mr. Holt recommended adding a Red Cross representative to complement the Salvation Army and United Way members.

In addition to the change in the advisory committee structure, it was proposed that the Human Resources subcommittee be reconstituted, given work in progress on the County hiring policies and procedures. It was recommended that the Board membership be reduced by two in order to accommodate the participation of the Director/Deputy Director and Manager of the applicable Unit when hiring.

After discussion of the changes, a motion was made by Ms. Bruce and seconded by Mr. Kotlowski to approve the By-Laws and Advisory Committee Structure documents as proposed. Voice vote, all in favor. Motion carried.

**Approval of Implementation Plan and Discussion of Public Hearing and Comment Process** – The Committee reviewed the draft of the complete Implementation Plan. Minor changes were made in the fourth section (Goals and Objectives) to indicate the completions of additional steps in the implementation process and in the sixth section (Governance) to reflect the addition of the Youth Services and Mental Health/AODA/Crisis Advisory committees. The eighth section (Physical Plant Utilization) was modified to include recommendation by the Committee that an engineering study be undertaken in preparation of final remodeling plans, and a statement that delays in remodeling would not impede consolidation. Finally, a paragraph was added to section eleven (Technical Assistance) to indicate that it was anticipated that additional assistance would be necessary and forthcoming.

The Committee reviewed the final section (Summary), which described in very broad terms to process and activities leading from feasibility study through implementation plan, and which outlined expectations during the final stages of implementation.

Dr. Furtkamp noted that the Rules Committee had met on 9 December 2004 to discuss, in part, the modifications to the County Board Rules necessary to create a Health & Human Services Department. A draft outline of the rules changes prepared for that meeting was distributed to Committee members, and it was noted that during the Rules Committee discussion it was recommended that the terms of the members of the Health & Human Services Board be included in the rules.

In discussing the public comment and County Board review processes, the Committee reviewed a draft Notice of Public Hearing and Committee Meeting Notice for the public hearing. Copies of the Implementation

Plan would be made available for public review in the offices of the Departments of Health, Social Services, and Aging, the Department of Community Programs, the Senior Center, the office of the County Clerk, and the office of the Corporation Counsel. In addition, there are plans to make the Implementation Plan available for view or download through the County web site. It is also planned that County Board Supervisors and County Department Heads be given copies of the Implementation Plan so that they would have sufficient time to review the document before the public hearing and before formal consideration of the matter.

A motion was made by Mr. Babcock and seconded by Ms. Ward to approve the Implementation Plan as presented and to prepare it for publication and public comment. Voice vote, all in favor. Motion Carried.

**Committee Discussion – Identification of other potential agenda items for future meetings** –The following items were slated for the 10 January 2005 meeting: reviewing public comment regarding the Implementation Plan, completing any outstanding Committee tasks, and acting on a resolution to approve the Implementation Plan and recommend creation of a Health & Human Services Department for consideration by the County Board of Supervisors. The Committee also scheduled a meeting on 4 February 2005 at 1:00 P.M. in Courthouse Room A260 for consideration of materials submitted for consideration of appointment to the Health & Human Services Board as citizen members and recommendation to the County Board Chairperson of individuals to be appointed, and final action on resolutions to create management positions within the Health & Human Services Department, to request consolidation of state aids and a new offer of delegation of personnel authority from the State of Wisconsin, and to transfer power to the Health & Human Services Department.

**Adjournment** – A motion was made by Mr. Beaver and seconded by Ms. Loken to adjourn until 10 January 2005 at 1:00 P.M. in Courthouse Room A260. Voice vote, all in favor. Motion Carried.

Respectfully Submitted,

Eric G. Furtkamp, Ph.D.  
Implementation Director

## PUBLIC HEARING

Adams County is seeking public input into the plan to implement a Health & Human Services Department, which would combine the Department of Health, Social Services, and Aging and the Department of Community Programs.

A Public Hearing on the Implementation Plan has been scheduled for **Thursday, January 6, 2005 from 5:00 p.m. to 7:00 p.m. in the Community Center**, located at 569 North Cedar Street, Adams.

Copies of the Implementation Plan will be available for review beginning on December 20, 2004 at the following locations:

- the offices of the Departments of Health, Social Services, and Aging and Community Programs at 108 East North Street, Friendship,
  - the Senior Center at 569 North Cedar Street, Adams,
  - the office of the County Clerk in the Courthouse (400 Main Street, Friendship) and
  - the office of the Corporation Counsel in the Courthouse
- and are available online at <http://www.co.adams.wi.gov/>.

Written comments will also be accepted until the close of business on Friday, January 7, 2005 and should be addressed to Charles Rath, Chairperson, Health & Human Services Department Implementation Committee, c/o Corporation Counsel, Post Office Box 362, Friendship, Wisconsin 53934, or sent by e-mail to [charo@co.adams.wi.us](mailto:charo@co.adams.wi.us).

**Publish December 22 and 29, 2004**

## **NOTICE – Citizen Members Needed for Adams County Health & Human Services Board**

The Adams County Health & Human Services Board is seeking interested persons to serve as citizen members. The Board provides policy direction and oversight of the Health & Human Services Department, which provides public health, mental health, substance abuse, aging and disability, child protective and juvenile justice services, income maintenance and economic support, and many more services to the citizens of Adams County. The Board meets once monthly, on the second Tuesday of every month, beginning at 9:00 a.m. Board members may also serve on one of three subcommittees: Finance, Human Resources, and Service Evaluation. *Per diem* reimbursement and travel expenses (mileage) are paid for attendance at meetings.

The Board is presently seeking to appoint four (4) citizen members. By statute, the citizen members should include: a physician, a Registered Nurse, an individual with demonstrated interest or competence in the field of public health or community health, and a consumer or a family member of a consumer of a Department delivered service. Another citizen member will be of recognized ability and demonstrated interest in services for older individuals. Any one citizen member could meet more than one of the requirements. The composition of the Board will reflect the diversity of the community and be appointed by the County Board Chairperson.

Individuals interested in serving on the Health & Human Services Board should contact the office of the Adams County Corporation Counsel, Courthouse, 400 Main Street, Post Office Box 362, Friendship, Wisconsin 53934 or call 608-339-4267 for specific instructions and to receive a one-page Expression of Interest Form. You may also obtain from the Corporation Counsel copies of the Health & Human Services Board By-Laws, a list of Board Member Duties and Responsibilities, and a copy of the Health & Human Services Ethics Statement.

**The Expression of Interest Form and letter explaining your interest in being appointed must be received in the office of the Corporation Counsel by the close of business (4:30 p.m.) on Friday, January 28, 2005.**

**Publish January 12 and 19, 2005**

ADAMS COUNTY  
Health & Human Services Board

Expression of Interest Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e-mail (optional) \_\_\_\_\_

I am interested in being a citizen member of the Health & Human Services Board. If appointed, I would represent (please check the categories that best describe yourself):

- \_\_\_\_\_ Physician
- \_\_\_\_\_ Registered Nurse
- \_\_\_\_\_ Interested or competent in public health or community health
- \_\_\_\_\_ Senior Citizen (over 60 years of age)
- \_\_\_\_\_ Recognized ability and demonstrated interest in services for older individuals
- \_\_\_\_\_ Consumer or Family Member of a Consumer of Department-provided services
- \_\_\_\_\_ Frail Elderly
- \_\_\_\_\_ Physical Disability
- \_\_\_\_\_ Developmental Disability
- \_\_\_\_\_ Mental Illness
- \_\_\_\_\_ Alcohol or Other Drug Abuse
- \_\_\_\_\_ Public Health
- \_\_\_\_\_ Professional (what field? \_\_\_\_\_ )
- \_\_\_\_\_ Provider of Services

Based on your response to the previous question, you might qualify for appointment to one of the Board's advisory committees (aging, nutrition, long term support, youth services, or mental health/substance abuse/crisis). Would you be interested in serving on an advisory committee?

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No

Regular attendance is a priority for participation on a Board or Committee. My schedule allows me to meet:

- \_\_\_\_\_ Almost any time
- \_\_\_\_\_ Days only (any day or time restrictions? \_\_\_\_\_ )
- \_\_\_\_\_ Evenings Only (any day or time restrictions? \_\_\_\_\_ )

Please return this form and a letter explaining your interest in being appointed to:

Corporation Counsel  
Adams County Courthouse  
400 Main Street – Post Office Box 362  
Friendship, Wisconsin 53934